REPORT RESUMES

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WORKSHOP FOR BAPTISTS ON DEAFNESS AND REHABILITATION (UNIVERSITY OF TENNESSEE, AUGUST 16-19, 1965).

BY- CUTTER, DORIS
TENNESSEE UNIV., KNOXVILLE, COLL. OF EDUCATION
VOCATIONAL REHABILITATION ADMIN. (DHEW)

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THIS WORKSHOP WAS ORGANIZED TO PROVIDE BAPTIST WORKERS WITH THE DEAF THE OPPORTUNITY TO BECOME BETTER ORIENTED TO THE PROGRAM OF VOCATIONAL REHABILITATION SO THAT THEY CAN BE MORE EFFECTIVE IN THE REHABILITATION PROCESS. AFTER A PRESENTATION OF THE HISTORY AND PHILOSOPHY OF VOCATIONAL REHABILITATION, THE VOCATIONAL REHABILITATION PROCESS IS EXAMINED FROM REFERRAL TO JOB PLACEMENT. A DISCUSSION OF THE CAUSES AND PROBLEMS OF DEAFNESS COVERS STRUCTURE AND FUNCTION OF THE EAR, TYPES OF HEARING LOSS, AND CHARACTERISTICS OF THE DEAF. THE TYPES OF PSYCHIATRIC SERVICES AVAILABLE TO DEAF PERSONS ARE NOTED. SPEAKERS DESCRIBE THE RELATIONSHIPS BETWEEN VOCATIONAL REHABILITATION COUNSELORS AND BAPTIST CHURCH WORKERS. THE ROLE OF THE BAPTIST WORKER AS A REFERRAL SOURCE, AN INTERPRETER FOR THE DEAF, AND A SUBSTITUTE FOR THE REHABILITATION COUNSELOR IN CASE CONFERENCES IS DESCRIBED. THE NEED FOR ADULT EDUCATION CLASSES FOR THE DEAF AND FOR A GENERAL IMPROVEMENT IN ALL EDUCATIONAL PROGRAMS FOR THE DEAF IS PRESENTED. THE WORKSHOP PROGRAM AND ROSTER OF PARTICIPANTS ARE INCLUDED. (RS)

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# WORKSHOP for BAPTISTS on DEAFNESS and REHABILITATION

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
VOCATIONAL REHABILITATION ADMINISTRATION Washington, D.C., 20201

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# *Workshop for Baptists on Deafness and Rehabilitation*

AUGUST 16 - 19, 1965

UNIVERSITY OF TENNESSEE, College of Education
Knoxville, Tennessee

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
VOCATIONAL REHABILITATION ADMINISTRATION

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*Director*
W. LLOYD GRAUNKE

*Assistant Director*
DELMAS N. YOUNG

*Editor*
DORIS CUTTER

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# FOREWORD

The long-sustained role of the church as succorer of the disabled continues into the present day as an ever-inspiring example for all to follow. It has served to arouse the conscience of the public to the needs of the handicapped and helped to bring into being the highly developed social services of the day. The church retains its invaluable role as a first resource for persons in need, a never-failing help in time of stress.

Possibly in no segment of our society is this role of the church more important than it is in the deaf community. The communication problems of deaf people place unique responsibilities on the minister to the deaf. His services as an interpreter are indispensable. His broad knowledge of the world at large is often the only information the socially-isolated deaf person is likely to receive, and his knowledge of deafness and of the ways deaf persons surmount the seemingly insurmountable problems they face in achieving personal fulfillment through employment and successful living makes his function as a resource person a true missionary service.

The interaction between a church worker for the deaf and a vocational rehabilitation counselor who has been given the responsibility of serving a deaf client requires certain skills. The minister has his deep knowledge of the deaf person to contribute, his services as a community leader and developer and his expertness as an interpreter to offer, while the vocational rehabilitation counselor draws on the wealth of his casework experience and the special responsibilities of his program to achieve rehabilitation of the deaf person. This kind of teamwork mirrors the finest aspirations of public service.

The Vocational Rehabilitation Administration takes special pleasure in having had a part in this Workshop for Baptists on Deafness and Rehabilitation that promises to make the present good relationship between Baptist church workers and rehabilitation counselors still closer and more meaningful. My special thanks go to the hard-working people who made this Workshop possible and helped to bring about this greater understanding. It is my personal hope that the Workshop has brought greater appreciation for the respective roles of the church worker and the rehabilitation counselor, has helped to create new friendships and deepen old ones, and that a fresh feeling of dedication for the shared task was the experience of all.

MARY E. SWITZER,
*Commissioner of*
*Vocational Rehabilitation*

## PURPOSE AND PLAN OF THE WORKSHOP

The process involved in the rehabilitation of any individual needing assistance with the fulfillment of his potential role in society depends extensively upon the ability of the rehabilitative agency to establish and maintain contact and communication with that individual. In the case of deaf individuals in our society, many who could benefit from the services and facilities of the Vocational Rehabilitation Administration are either unaware of the nature and extent of the programs available, or are so misunderstanding of these programs that they fail to realize their full potential as a contributing member of society.

The experience of many who work with deaf people in various activities is that much can be gained in the direction of their rehabilitation through the religious workers and organizations with whom many of these deaf individuals associate. This Workshop was organized to provide Baptist workers with the deaf the opportunity to become better oriented to the program of vocational rehabilitation so that they can be more effective in the rehabilitation process.

Introductory papers were presented in this Workshop to orient the participants to the history, philosophy, and process of vocational rehabilitation for the deaf. Other papers were presented at the noon luncheons and in general sessions to provide participants with current information on problems of deafness and those who are deaf, higher education and adult education for the deaf.

Participants were selected for their ability to represent a segment of a type of program, whether religious, rehabilitative, or other.

Participants were arbitrarily assigned to discussion groups to proivde heterogeneous presentation of the various interests represented. Discussion topics were assigned starting with "Identification of Vocational Rehabilitation Needs and Resources," and ending on the last day with "Program for Action". Careful notes were kept by recorders for each discussion group which then were incorporated into the final recommendations included in these proceedings by the editor.

W. LLOYD GRAUNKE, *Director*

# INTRODUCTION

Meeting the needs of the deaf in a community cannot adequately be accomplished by one group, one agency, or one institution. Many groups must cooperate to meet these needs acceptably. Groups, agencies, and institutions engaged in such services must seek ways to improve their interpersonal relationships.

Through efforts of cooperation, such as this Workshop, groups involved in rendering services can become acquainted and feel a responsibility for sharing information with one another. Much progress was made toward this end in the Workshop with the two groups involved, vocational rehabilitation workers and religious workers.

The program consisted of general sessions and discussion groups. The general session speakers provided helpful technical information, needed in many instances by both groups, in others more especially by the religious workers. The latter group, in particular, profited from hearing and meeting many prominent educators, who are devoting their lives to working with the deaf. These speakers provided resource papers which are included in these proceedings.

Beginning with the second session, group conferences of two and one-half hours each were held. All of the participants were divided into the seven groups, each having an assigned leader and recorder. The subject under discussion was "Identification of VRA Needs and Resources".

Since the groups were small, the arrangement lent itself to informality. The participants entered freely into the discussion, airing their opinions, complaints, and recommendations. At the end of each session, each recorder submitted a paper giving a concensus of his group's discussion. These reports were duplicated and distributed to all participants.

In the last discussion period, on Wednesday morning, the groups were asked to make recommendations, or to summarize what they had said previously, under the subject, "Programs for Action". These seven lists of recommendations were duplicated and distributed following the close of the Workshop. A compilation of the recommendations is included as a part of these proceedings.

Doris Cutter, *Editor*

# WORKSHOP
# for BAPTISTS
# on DEAFNESS
# and REHABILITATION

# WELCOME ADDRESS

*E. C. Merrill*

Dr. Graunke, distinguished guests, and Workshop participants. — My favorite story comes out of the comic strips, the one called Peanuts. In this particular comic strip, this obnoxious little girl, I don't think she has a name, is talking to Charlie Brown. She says, "Charlie Brown, do you want to know what's wrong with you?" In the next frame Charlie Brown says, "No, I don't want to know what's wrong with me." Then the little girl says, "Charlie Brown, I'm going to tell you what's wrong with you." In the last frame she says, "Charlie Brown, what's wrong with you is that you don't want to know what's wrong with you!"

We are meeting here today to deal with a very personal problem. The problem has tremendous social significance. We're not like Charlie Brown. We do want to know who we are. We want to look the problem squarely in the face to see what we can do about it. I'm not here to make a talk, but to welcome you to the Workshop, and I would like, therefore, to underscore perhaps three or four reasons why this Workshop is extremely important.

We must remember that we are dealing with a problem of disability. Historically, people who are different have not been well accepted. Within our lifetime, we can remember when a person who was different—it doesn't matter particularly how he was different: he might be deaf, he might be blind, he might have lost a limb—was not understood. Many kinds of myths, developed about people who are different, have been solidified into traditions. These traditions arbitrarily excluded people who were different from various kinds of social groups and employment opportunities. This indeed is a tragedy, a scar on the face of a great nation. We are here to face this problem to see how we can remedy it. Let me give you four reasons why I think this conference is so vitally important.

First of all, most of us are here in the name of a religious faith and religious principles. In our society I think all of us want our faith to work with practical problems to make a difference in the lives of people. Therefore, we look at this Workshop as an opportunity to identify some wonderful outlets of religious principles so we can see them demonstrated in action. That's important, and if it succeeds, if some ideas come from this conference, you can be sure that other faiths, other denominations will be interested also and that these outcomes will be applied to other kinds of problems.

Next, I think this is a vitally important conference because in our democratic faith we say we're interested in the individual. But really for many decades we haven't acted on this faith too well. I suppose we've been characterized as a kind of group society. This is an opportunity for our democratic credo to manifest itself on individual types of problems and come up with answers, so that perhaps in a decade or so we can say that, after all, Federal money has gone into programs which have touched the lives of individuals everywhere.

Third, I think that this conference has terrific economic significance. Now that seems a little odd, I'm sure, but it isn't really. We believe in a free enterprise system. We say we do. It involves competition; it involves utilizing resources; it involves imagination; it involves all kinds of ventures. We seldom realize that it also takes tremendous resources to keep a free enterprise system moving. If we do not make an effort to capitalize these resources, to seek them out everywhere, our free enterprise system will not move. We know the story, you and I, we have some unemployment, it's at a low ebb right now; but there are many, many jobs open. The problem is education — bringing the individual, the raw potential, up to a level of skillful operation, understanding and ability, so that he can hold these jobs and perform them. So, we do have, and we are finding at this time, an economic problem of capitalizing every single resource possible for our free enterprise system.

Finally, I think this Workshop is important because it sort of pioneers in an interagency effort to deal with complex problems. This is happening all over. I think it's a good thing when the Federal Government, a State school for the deaf such as TSD, operating under the State board, you, representing numerous churches and church-affiliated organizations, and a State university can work together to forget all kinds of protocol, superficial boundaries, who we are; and emphasize what we can do, what contribution we can make to solve the problem. This is really good news when we can see this kind of activity. We can demonstrate how several important agencies can work together to try to make a real assault on some of our basic problems.

It has been a privilege to meet with you briefly. I wish you a very successful meeting.

# INTRODUCTION TO THE WORKSHOP

*W. Lloyd Graunke,* Director

The latter half of the twentieth century may well go down in the annals of history as the years of man's concern for mankind. We see all about us and throughout the world vast evidence of the emergence of those ideals which will elevate all segments of God's children to the better understanding and consideration of their needs and wants.

While other elements of His progeny may claim the headlines of the world, the scopes of television and the loudspeakers of amplifiers, there has been a relatively quiet but strong ground swell of interest and concern building for the deaf of our nation and the world. Strangely enough, it took the Second World War to prove that the deaf of our nation had a significant contribution to make to the common cause for the defense of humanity. Now, as the deaf among us face truly incomprehensible odds in their own struggles for economic, social, and personal sufficiency, all of us who know and love them dearly must dedicate ourselves to the task of helping them to help themselves.

In recent years the Vocational Rehabilitation Administration has sponsored several workshops for religious workers with the deaf. These workshops were designed to acquaint religious groups with the services offered by vocational rehabilitation, particularly (1) to improve the competencies of the trainees in the technical aspects of the vocational rehabilitation program, including methods of referral, factors of eligibility, scope of services available, and methods of reciprocity; and (2) to develop plans of action for future cooperative work with the State-Federal vocational rehabilitation program.

On March 2, 1964, a meeting was held at the University of Tennessee with represenatives of the Southern Baptist Convention, the Vocational Rehabilitation Administration, and the University of Tennessee to explore the possibility of the Vocational Rehabilitation Administration supporting a workshop for Baptist personnel. Subsequently the VRA made a grant to the University to conduct a meeting to plan a workshop.

The planning meeting was held on September 1-2, 1964, in Washington, D. C., at the Department of Health, Education, and Welfare. The meeting was attended by representatives from several Baptist conventions, deaf education, Vocational Rehabilitation Administration and the University of Tennessee. Those participating in this meeting confirmed the need for such a workshop and that the University of Tennessee should submit an application for a grant to fund it to VRA. Dates for the workshop were set for August 16-19, 1965, at Knoxville. Content and structure of the program were developed and the following purpose adopted:

> "To establish and improve relationships between religious workers and vocational rehabilitation personnel for rehabilitation of the deaf."

Miss Doris Cutter, assistant adult editor, Sunday School Department, Southern Baptist Sunday School Board, was elected to edit the workshop proceedings.

The University of Tennessee subsequently submitted an application for a grant to the Vocational Rehabilitation Administration. The grant, totaling $27,534.00, was awarded November 23, 1964. Interest in the workshop on the part of workers with the deaf was such that it was necessary later to increase the grant in order to permit the attendance of fifteen additional persons. One hundred thirty-three persons are now expected to participate.

Participants include Baptist ministers and missionaries to the deaf, interpreters serving the deaf congregations of churches, vocational rehabilitation personnel, deaf individuals active in religious and social activities, and various representatves from religious groups other than Baptist. The Workshop is national in scope, participants representing all geographical areas of the United States.

I need not remind you of the clergy and of the lay ministry to the deaf, that preaching is only one segment of the task you face. Personal counseling, guidance, and advising your communicants are as much a part of your work as is the interpreting. It is our hope in this workshop to help you to be more effective in all these tasks through better understanding of the services and facilities that are available through State-Federal vocational rehabilitation programs which serve your communities. Furthermore, we hope that you will point the way for new opportunities and means for improvement of rehabilitation services to the deaf adults of our country. Bear in mind that you have been selected for the contribution which the Executive Committee felt you could make toward the completion of this task. Three days from now as you journey homeward we trust that you all will be proud of the record you have left behind you here.

# HISTORY AND PHILOSOPHY OF VOCATIONAL REHABILITATION

*S. W. McClelland*

If we were to adjourn now, we would have had a great deal of information given to us to consider as we now go into our Workshop sessions. I certainly appreciate what Dean Merrill said and also what Lloyd Graunke talked about as background information for this Workshop. We in Vocational Rehabilitation Administration are happy that so many of you responded to the invitation to participate in this Workshop for Baptists on Deafness and Rehabilitation. It is indeed a pleasure for us to cooperate with the Vocational Rehabilitation Agency in Tennessee, the Tennessee School for the Deaf, and the University of Tennessee in sponsoring this Workshop. Those chiefly responsible for the Workshop are listed in the program so I shall not attempt to name them. We are indeed grateful to the planning committee for such a fine job. We hope that your participation will be both worthwhile and stimulating, and that we all will get to know one another better and, hopefully, lay some groundwork for additional activities which will result in more and better services to the deaf for their rehabilitation.

Rehabilitation means many things to many people. Above all I think it means working to find the best way of meeting all of the important and significant needs of disabled people in order that they may have a chance and be able to work to make a living. This effort requires the collaboration of many professions, the cooperative efforts of medical, psychological, social and vocational specialists because they make possible rehabilitation of an individual. Today rehabilitation programs include many aspects of service, disciplines, agencies working together, pooling their skills, understanding, knowledge, and resources. Yet vocational rehabilitation is not strictly a medical program, although without the medical profession, we would not be able to diagnose, describe limitations, or evaluate disabilities. It is not strictly a vocational program either, although the client must have a vocational potential or else he is not eligible for vocational rehabilitation services. Neither is this program simply a social one, although social casework is a necessary part of the rehabilitation process which will be described to you a little bit later. Now all of these areas: medical, psychological, social, vocational, focus upon a disabled person in an effort to restore him to the fullest physical, psychological, mental, spiritual, social, vocational, and economic usefulness of which he is capable Let's take a brief look at how this program got started and something about its growth and development.

Vocational rehabilitation is not a new program in spite of the fact that few people in this country know about the program being operated by State agencies. As a matter of fact, it is one of the oldest of the social welfare programs. It dates back to 1918 when it was first promoted at the time legislation for the rehabilitation of veterans of the First World War was enacted. Massachusetts, we are told, was the first State to pass a rehabilitation law for civilians. But by June, 1920, twelve States had started State vocational rehabilitation programs, even before the first Federal Act was passed in June, 1920.

The purpose of the first Federal act for the vocational rehabilitation of civilians was mainly to encourage the States to undertake a rehabilitation program for their disabled citizens. At that time a temporary act giving that authority was granted by the Congress on a year-by-year basis and continued on that basis for fifteen years.

In 1935 permanent legislation was passed. At the time of the passage of the Social Security Act, vocational rehabilitation became a permanent program as far as Federal legislation was concerned. This act was passed at the same time that public assistance programs such as the Public Health Service and Old Age Survivors' Insurance of the Social Security Administration passed. The important thing is that rehabilitation was then put on a permanent basis.

Services available at that time as you might suspect, were limited. They included only counseling and guidance, training, artificial appliances, and placement. Only those people who had a physical disability were eligible for consideration for vocational rehabilitation services. The State and Federal Government at that time financed the program and undertaking on a fifty-fifty basis, the State putting up one dollar and the Federal Government matching it.

This continued until 1943 when Public Law 113 was passed. Some of the provisions of the Act greatly expanded the base of the vocational rehabilitation program. In 1943 it included a broader definition of disability. Up until that time only a person who had a physical disability was considered. In 1943 the word "mental" was added. After that time a person who had a disability, mental or physical, meaning emotionally disturbed, mentally ill, or mentally retarded, could be considered. Also, it added to the scope of services, such as surgery, medical treatment, artificial appliances, hospitalization, occupational tools, and equipment.

In addition to broadening the definition and rehabilitation programs, the financial structure was also changed. The Federal Government began paying one hundred per cent of the administrative cost: salaries, travel, staff and office expenses, plus matching case service expenditures for individuals on a fifty-fifty basis. This plan has continued. Other amendments to the Act were made in 1954: (1) Grants were authorized to colleges and universities for training programs in the field of rehabilitation, occupational therapy, physical therapy, nursing, medicine, speech and hearing, along with a lot of other disciplines. (2) Authorization was also given to use Federal funds for the establishment of rehabilitation facilities and rehabilitation workshops, another service badly needed if we're going to rehabilitate severely disabled people. (3) The financial structure was again changed so that Federal financial participation was made available to the State Vocational Rehabilitation Agencies on a formula basis, depending on the population divided by the per capita income in that State, ranging from fifty-fifty per cent in some of the more wealthy States to seventy-thirty per cent in States not so wealthy.

Another important change, an addition to an amendment made at this time, was that in the 1955 Act the amendments gave authority to set up research and demonstration projects. Such projects hold promise of making a substantial contribution to the solution of vocational rehabilitation problems common to all or several State Vocational Rehabilitation Agencies.

As we have been talking this morning, you perhaps have the idea that vocational rehabilitation is a Federal-State supported and operated program, which is correct — a sort of partnership, if you please, between the State and Federal Governments. However, actual services to individuals are provided by the State Vocational Rehabilitation Agencies. The Federal Office of the Vocational Rehabilitation Administration administers the grants-in-aid to the State agencies, provides technical assistance and national leadership for the development of a total vocational rehabilitation program on a nationwide basis.

As many of you know, the vocational rehabilitation program is headed up nationally by a Commissioner, under the Department of Health, Education, and Welfare. Miss Mary Switzer is the Commissioner of the Vocational Rehabilitation Administration. She has a staff of about 250 people located both in the central office and in nine regional offices to carry out the Federal Government's responsibility in rehabilitation. There is also, as perhaps many of you know, at least one Vocational Rehabilitation Agency in each State. The States also have district and local offices to meet the needs of people who apply for vocational rehabilitation. In several States there are two rehabilitation programs, one for the blind and one for other disabled persons.

More recently, a number of amendments have been introduced into the current session of the Congress which will again we think greatly broaden and strengthen vocational rehabilitation services as we know them today. These amendments have already been passed by the House of Representatives and are being considered by the Senate. We hope they will soon pass this House. They involve more financial participation on the part of the Federal Government to help the State agencies carry out an even greater program, a broader program of rehabilitation. They have to do with workshop and facility improvement, with training services, grants for construction of rehabilitation facilities and rehabilitation workshops. They propose to give a greater latitude in the determination of vocational rehabilitation potential and, also, many other amendments that will, we think, substantially have a bearing on the future of vocational rehabilitation. So I think it is fitting and appropriate to discuss rehabilitation philosophy and concepts at the outset of this Workshop. Hopefully, it will give us background to draw upon as we enter into our group discussions.

In general, I think that our basic understanding of what rehabilitation is will control the major effectiveness of the help that we are able to extend to handicapped individuals who have significant life-adjustment problems. To a considerable extent, I think, a rehabilitation counselor's understanding of vocational rehabilitation concepts will be a reflection of the philosophy which permeates his entire agency. The counselor, you must remember, is the agency representative who makes decisions daily as he has contact with disabled people and decisions as to the eligibility and ineligibility of people who are referred to him for consideration of vocational rehabilitation services. It is in order for these people, I think, who work with counselors to examine and reexamine their philosophy and concepts from time to time in order to maintain a broad point of view.

Now, what is rehabilitation? What is vocational rehabilitation? What is your concept of the term? Is it a program, a process, a method, or just simply the state of an individual's well-being? It is customary, and understandably so, in our present state of development, for each professional discipline to define rehabilitation in terms of his own particular interest and understanding. For example, to the physician, vocational rehabilitation may be nothing more than definitive treatment, a treatment which heals the injury or cures the disease. To the therapist, it may be developing the functioning of remaining muscles; to the social worker, it may be identifying the causes of social and personal maladjustment and using appropriate techniques to bring about better adjustment. To the educator, it may mean training or retraining.

But to the rehabilitation counselor, vocational rehabilitation means counseling and guidance. It means services required to remove or reduce a disability which is causing a handicap. It also means training. It means employment, a job which he can do, even in his present condition. Bringing together all of these concepts which we've just talked about, we find that rehabilitation perhaps is a process, a method, a service, an art. It is adjustment; it is restoration, mental, and physical. No matter what concept we select to describe our feeling, I am sure that we will all agree that the end result is to restore the handicapped individual to the fullest physical, mental, social, spiritual, vocational, and economic usefulness of which he is capable. This definition, which I have just given you, was adopted by the National Council on Vocational Rehabilitation a number of years ago. The Federal-State program attempts to serve those individuals out of the total disabled population who are capable of attaining full or part-time employment in the labor market. I might add that competitive self-employment — competitive, sheltered, homebound self-employment — also comes within the scope of the vocational rehabilitation program.

Just briefly, what are the conditions under which a person can be employed? First, he must be employable, have the physical ability to work, the mental capacity to learn and hold a job, and the personality to enable him to get along with other people. Also, he must have the skill that is required to do a specific job and above all, the opportunity afforded him to work.

On taking a closer look, we find that there are numerous concepts, any one of which may be used at certain times and under certain circumstances to define vocational rehabilitation. When you think about the concept that rehabilitation is society's discharge of its responsibility for the welfare of the less fortunate members of our society, the problem of disability has a significant relationship to community welfare. Maintaining large numbers of disabled people in idleness is a growing economic and social problem.

On the other hand, and in the judgment of some people, society can discharge its responsibilities to the disabled by and through simple charity. A better concept though, I think, is that the community should provide an opportunity for the disabled person to find his place in the world that works, so he can support himself and his family with dignity. You have all heard the concept, I'm sure, or seen it on billboards, that it's good business to employ disabled people, and that is what makes our nation strong. We hear this concept more often during times of national emergency. You've also heard the dollars and cents concept, the economic justification for vocational rehabilitation: Rehabilitation doesn't cost, it pays! It is a one-time expenditure for an individual as opposed to monthly welfare grants. Or another one, it changes the tax consumer into a tax payer.

Since an individual's problems do not spring up out of nowhere, we find that most of the time these problems are a series of events leading up to critical points. Too many cases become known to State Vocational Rehabilitation Agencies after the individuals have lived with a major disabling condition for years and years. I remember vividly working as a rehabilitation counselor with a 44-year-old man who had severe club feet, and of course, had had all of his life. Something could have been done for this man much sooner toward his rehabilitation, if only we could have found him, known him, or had him referred to us. So, one of the concepts we have learned since working in vocational rehabilitation is that it is more logical and practical to deal with these problems as soon as we can detect them, and to remove or reduce them as much as we can in as permanent a way as we know how. It costs less then and the returns to the individual are much, much greater.

Since the beginning of vocational rehabilitation, we have applied three basic criteria to determine a person's eligibility for services. (1) He must have a disability, mental or physical; the mental having been added in 1943. (2) The disability must impose a limitation on him to the extent that he has a vocational handicap. (3) There is a reasonable expectation, with the provision of vocational rehabilitation services, that this person can become employable. These are the basic criteria: Disability, mental or physical; handicapped vocationally; reasonable expectation of being employable with the services of vocational rehabilitation.

In the last few years rehabilitation has emerged as a major weapon in our struggle against illness, against injury, and the disabling conditions which are so often left in their way. The speed with which the nation's rehabilitation effort is going and the incorporation of so many professional groups into the total restoration program called "rehabilitation" requires that we think not only in terms of effective services to more people, but also of analyzing and evaluating services we now have and by studying ways to improve efficiency. This will take expansion demonstration, research, new knowledge and know-how. I believe that through groups like this, ideas will be presented which will be helpful as we continue to broaden and to extend rehabilitation services to the extent that all handicapped people who want to be rehabilitated, may take advantage of the services. Again I say that I hope this Workshop will be helpful to all of you. Thank you very much.

# THE VOCATIONAL REHABILITATION PROCESS

*O. E. Reece*

I am to talk with you this morning about the vocational rehabilitation process. In explaining vocational rehabilitation and various services provided through this program, it must be made clear that the rehabilitation of an individual is actually a series of events and a series of services. Therefore, rehabilitation is referred to as a process. The rehabilitation process is somewhat like solving a mathematical problem, or perhaps we should say, an algebra problem since it deals with certain known quantities and certain unknown quantities. The rehabilitation process for convenience is divided into a number of separate steps. We shall discuss them in the order of their occurrence. Steps in the rehabilition process are usually described by rehabilitation people as falling into the following activities:

First, there is referral, or case-finding, investigation and case study. Then there is the medical, vocational, and rehabilitation diagnosis. The plan of action decided is followed by the provision of specific services designed to help the handicapped individual overcome his vocational handicap. Placement and follow-up close the case. In addition to these various steps of case process, counseling is perhaps the key service available to all handicapped people and runs throughout the entire program of services regardless of the direction they take.

A little earlier I stated that the rehabilitation process was somewhat like a solution to a mathematical problem. First, we must discover there is a problem to be solved and we must understand the problem in order to make an attempt at its solution. So after a case is referred to us, or discovered in the case-finding process, the first responsibility of the rehabilitation counselor is to gather all the information possible about the problem before he attempts to bring about a solution.

Referrals are made to the counselor from almost every source imaginable. However, with regularity, referrals are made by various referral sources which are key resources of case-finding utilized by the rehabilitation counselor. Our statistical report keeps a record of the number of referrals coming from various sources and for the sake of convenience we categorize them according to a broad category. For example, we keep records with respect to referrals from private and public high schools, private and public vocational schools, colleges, universities, hospitals, physicians, other agencies and organizations, such as deaf and hearing organizations, epilepsy organizations, mental retardation associations, mental health associations, and many others.

The counselor makes routine and regular contacts with many of the other allied organizations and associations to acquaint them with the program of services offered by the Division. He informs these associations of the requirements of our program and solicits their help in locating handicapped people in need of rehabilitation services. As agencies, associations, individuals discover people who are unable to work because of disability, they refer them to the counselor who works the territory in which the client resides. They generally furnish the counselor certain minimum basic information about the individual such as name, address, age, whether male or female, and a statement about his disability. With this minimum information, the counselor begins his background investigation or fact-finding process. He gathers information on the client's previous work experience, something about his disability and how it affects his ability to work, school grades if these appear to be important to the case, information about his home situation — the number of family members, amount of income if any, and how many persons depend upon the client for their livelihood. In addition, where possible, the counselor secures medical information from existing sources. Much of this information is gained, of course, from the individual himself.

There may be one or more interviews before the counselor determines that he should proceed further with the investigation and secure up-to-date medical information on the individual. This is a part of the case study and investigative process. The counselor will authorize the client's private physician, or a physician in the community, to make a general medical examination which includes serology, urinalysis, a complete physical examination. The cost of this examination will be paid by the Division regardless of the individual's financial status. Following the general medical examination, one or more specialty examinations may be required for the counselor to have a complete medical diagnosis and a prognosis on which to base his counseling with the client toward eventual job adjustment.

Many cases, of course, require physical restoration and in those cases generally additional specialty examinations are required beyond the general medical examination. Medical examinations required to establish adequate diagnosis and prognosis will be provided by the Division. Part of the case-development process is evaluation in terms of psychological and vocational tests. In the case of severely disabled people, we attempt to get vocational diagnosis and evaluation through a series of job sample tests administered in what we term the vocational evaluation center. Not many of the clients in this State have the advantage of vocational evaluation since there are only three organized evaluation centers in the State with some evaluation services available through private workshops and training centers. The three organized programs of evaluation are located at Goodwill Industries in Memphis; Goodwill Industries in Chattanooga; and at the Tennessee School for the Deaf in Knoxville, where the deaf are afforded an opportunity of job sample vocational evaluation.

During this process of interview, investigation, medical examination, psychological and vocational testing, the counselor has a continuing responsibility to the client to explore with him his feelings about his situation, disability, ambitions and interests, and what he would like to do if he had the opportunity of working in the field that challenges and interests him. During this process a time comes when the counselor has what he considers to be adequate background information. Now he is ready to begin to solve this problem. He has analyzed the problem as completely as he can and has gathered all the information on the knowns and has identified the unknowns with which he must deal. He then has to determine whether or not the client is eligible and feasible for services.

At this point I would like to explain the requirements for eligibility for services from vocational rehabilitation. In order for an individual to be eligible for services, he must have a physical or mental disability which limits him. This limitation must impose a vocational handicap or barrier to employment, but in addition there must be a reasonable expectation that the services brought to bear by this Agency could make the individual employable and employed. The counselor must deal with these three factors in every case. He must determine that it is reasonable to believe that the services this Agency can bring to bear on the client's problems will result in his overcoming his vocational handicap and attaining employment in a remunerative occupation. Once the counselor has determined that these three criteria of eligibility have been met, he writes a statement of eligibility, signs it, and places the case in what we call his "active caseload".

Up to this point all activities and services have been diagnostic in nature and the client's case has been carried in what we term a "zero" status. In O-status the only purchases and services we can render are in the form of additional evaluation and diagnosis. Only after the client has been determined as eligible for vocational rehabilitation services can we expend funds or counselor time in the provision of rehabilitation services. Even though the counselor may have established eligibility, he may not necessarily be finished with the medical, vocational, and rehabilitation diagnosis. He may have satisfied himself with respect to the client's eligibility and feasibility, but he may still not know enough about the unknown to determine, with real accuracy and confidence, that the client has the ability to achieve in this or that occupation. He may, therefore, gather additional facts and provide additional tests to help him assist the client in determining the best course of action to be taken to solve his vocational problem.

At some point, however, the counselor and the client will decide that they have enough evidence, information, feeling and understanding of aptitudes and interest, to sit down and make a decision as to the direction the client ought to take in overcoming his vocational problem.

This is not a process whereby the counselor makes a decision for the client as to a suitable job objective, but rather a situation where the counselor interprets for his client and helps him to arrive at a decision that a particular occupation would best meet his needs. It is the counselor's responsibility, of course, to counsel with the client and assist him in making realistic choices. Even though the counselor does not pick out vocational objectives for clients, he does have the responsibility for keeping the client from picking out an objective he could not reach. Therefore, the skill of the counselor is displayed in its greatest role at this point in the case service process. If the counselor skillfully handles his client and truthfully, honestly, diligently helps him to select a proper objective — one for which the client has the capacity, the interest, and the depth of understanding to master the skills required—the client is virtually sure to achieve his objective providing he has the drive to continue toward that goal through the weeks or months ahead. The counselor's ability to guide the client through supportive counseling during the rehabilitation process is also crucial to the client's success.

The adequacy of the vocational diagnosis made by the counselor, based on diagnostic data and selection of the job objective, is perhaps the most crucial stage of the entire rehabilitation process. It is also one of the three stages where a counselor's skill means the difference between success and failure.

Now that we have talked about the third stage for the rehabilitation process — development of the plan of action — we can spend time discussing the nature of the rehabilitation services provided to clients to assist them in meeting their job objective. Purely from the standpoint of keeping these in sequence, we may start with the provision of physical restoration services. Assume for a moment that the disability which constitutes a vocational problem for the client could be medically corrected or improved. The course of action followed in this case would logically be to improve the disability or remove it entirely, if this were possible, through medical or surgical intervention. In the provision of physical restoration services, a term we apply to the provision of medical and surgical services as well as the provision of artificial appliances, we deal on the basis of whether or not the client can provide these services for himself. While he may be eligible for rehabilitation, certain of the services provided through the Agency are also conditioned upon economic need. Physical restoration services, such as hospitalization, medical and surgical treatment, fall into this category.

Following complete diagnosis in the medical evaluation area, we may have uncovered that the client's disability is such that a tremendous improvement, or complete elimination, might be brought about by surgical or medical correction. This would enter into the plan of rehabilitation and the provision of corrective surgical procedures, or medical treatment, would of course be provided before any training activities or placement services were considered.

Let's take an example of disabilities that can be entirely eliminated and disabilities that can be substantially improved by physical restoration services. Suppose our client is vocationally handicapped as a result of a hernia which prevents his doing not only his usual occupation, but any occupation requiring physical activity. If he is not qualified for a strictly sedentary job, he would be considered as being vocationally handicapped. Medical practice has established over the years that a hernia can be surgically corrected and the disability completely removed. In an instance of this kind the only service the client needs perhaps would be the removal of his disability. He might need counseling toward returning to his former occupation or placement in a different occupation, but the basic problem preventing his working is a physical one which can be corrected. If, therefore, the client is in poor economic circumstances and cannot provide this service for himself, and if he is otherwise eligible, our Agency would provide hospitalization and surgery for the correction of the disability. Once the disability is removed the only additional services this individual would be entitled to would be continued counseling, job placement, and follow-up in employment.

Now, let's take an individual with the disability which could not be cured, or completely eliminated, by medical treatment but could be improved. Suppose we have an individual with osteomyelitis of the leg, with a draining sinus, and inability to stand on his feet and do productive work. This may be an old disability that is chronic, and, in the process, has destroyed a good deal of bone tissue resulting in permanent impairment of the leg. Perhaps surgical intervention could clear up the infection, stop the draining, and give the individual a reasonably sound leg even though it might be deformed or shortened or otherwise disabled. This individual would then be eligible for physical restoration services to the extent that he could not provide these services for himself. Even after medical and surgical intervention we would still have a client who is substantially vocationally handicapped. Therefore he might need additional services, such as training for a job that he could do in spite of his disability.

While the entire range of physical restoration services also includes the provision of artificial appliances, we purchase artificial arms and legs for amputees, hearing aids for the hard of hearing whose hearing can be restored, and other types of surgical and artificial appliances, *only in instances when these appliances will assist the individual to overcome his vocational handicap* or to *eliminate his vocational handicap*. All physical restoration services are provided on the basis of economic need. The client is expected to put into his rehabilitation program whatever resources he can afford and the Division will provide services he cannot afford.

Another major area of rehabilitation services is training. Next to counseling, training is the key rehabilitation service that enables the disabled to overcome vocational handicaps and become responsible, contributing members of society. If we train an individual for a skilled occupation and, in addition, train him in the art of job-finding we have given him a life-time lease on the opportunity to be a contributing member of society. If we merely find the client a job and do nothing about increasing his marketable skills or improving his ability to seek and find employment, we have merely given him a temporary passport to work. Confucius is said to have declared, "Give a hungry man a fish and tomorrow he will be back for more. Teach a hungry man to fish and he will support himself for evermore." It is therefore my opinion that training is one of the real key services of vocational rehabilitation that results in lasting rehabilitation.

The service of training includes an extremely wide variety of activities and opportunities for skill development. We provide on-the-job training for those who are interested in specific skill areas and whose training needs can best be met by actually working on a job and learning as they work. We provide trade training at both private and public vocational schools. We provide clerical and business training at business schools. We provide technical training at technical institutes, both public and private, and we provide college training for those whose abilities and interest enable them to achieve higher level skills. We provide training by correspondence, by tutors, and through workshops and institutions. Almost any form of training feasible to meet the client's needs can be arranged by the counselor within the limitations of this budget.

Training as a vocational rehabilitation service is not based on economic need. We can therefore pay tuition for training irrespective of the client's economic circumstances even though the majority of persons we serve are from the lower economic group and would be unable to pay for their own services.

An adjunct to training and a distinctly separate and important service is maintenance and transportation while undergoing training service. A client, who has the ability to learn a new skill and who needs additional training to accomplish this goal, might well have difficulty in maintaining himself while undergoing training. If he, therefore, meets our economic needs requirements, we can pay his room and board and transportation while he is undergoing training services.

After the client has had job training, professional or other, which prepares him for an occupation, we are just approaching the goal of all rehabilitation services — employment. The next major stage of the rehabilitation process is placement. Placement is one of the key rehabilitation services provided by the Agency to handicapped people. When we speak of placement as a service we are concerned with the end result, our client achieving satisfactory employment. Whether the client obtains his job by direct placement brought about by the counselor or whether he is able to locate and secure his own job; whether he is placed by a training institution, the Department of Employment Security, or by friends — the major issue is that the client secures employment in keeping with his job skills and needs.

During the rehabilitation process, where counseling is a continuous service from diagnosis to closure, a great deal of preparation for job finding is made by the counselor working with his client in terms of how to find a job and secure it. If, therefore, during the rehabilitation process, the client has not only learned a skill, but has learned how to look for a job, where to look for a job, how to approach employers, how to conduct the job search interview, and then secures his own job, we have rendered him a far greater service than if we found a job for him and actually placed him on that job. The majority of our clients find their own jobs either through assistance from the Department of Employment Security or from the training agency or from other sources. However, a rather substantial number of our clients still must have assistance in locating jobs and in being placed into those jobs. So a substantial number of clients are placed each year by the rehabilitation counselor. Many of them function quite well and never need additional service; though some of them, when they get out of a job, need assistance in finding another job.

Placement into employment is merely the beginning of satisfactory job adjustment so the follow-up process lasts for a minimum of sixty days, and in many cases ninety days or longer. The rehabilitation counselor wants to be sure that the client is satisfied with his job; that the employer is satisfied with his client and that the client has made the proper adjustment to his fellow workers and to the job. He wants to be sure that the job is not only satisfying, but also adequate, to meet the client's financial needs insofar as the client's capacity to produce will enable him to do so. Following a sufficient period of follow-up, through which a number of counseling contacts are made, a decision is reached as to whether or not the client is satisfactorily and productively employed. If this is true, the client's case is closed and termed "rehabilitated".

We have run briefly through the rehabilitation process and talked about the various stages of rehabilitation and the various services offered by the division. We have not covered in great detail the Agency's services, but we have in a general way given you a broad background of the program and how it functions.

Many of our clients are capable of great things and they take readily to highly skilled training. After a period of three to four years of training, they become substantial, contributing members of society with greatly increased earning power and the ability to look after their own needs throughout the rest of their lives. Some of our clients, however, are so poorly equipped by nature, so poorly endowed with native ability and intelligence necessary to compete in a modern world, and so severely handicapped by physical or mental disability, that their chances of employment are extremely slim. Their adaptability for training is poor and their economic circumstances and family responsibilities are such that they cannot engage in long-term training. Some of our clients need only physical restoration services to return them to productive employment. Many of them need the full range of services: physical restoration, training, maintenance and transportation, tools and equipment, licenses, and placement in a job. Many clients come to us needing only expert counseling and guidance about where to find a job and how to hold it. You can easily see, therefore, that our clients run the full range of ability, disabilities, aptitudes, and capacity for competitive employment.

Many of our clients are closed in sheltered employment. Many of our clients are closed in menial tasks. Yet a good many of them are closed in substantial occupations earning substantial incomes. We attempt in every case to enable the client to compete in competitive employment and work in a job up to the level of his ability to perform. If we have reached that goal and enabled the individual to perform up to the maximum of his capacity, we feel that we have performed a substantial service and rehabilitated the individual.

Regardless of the severity of disability and the size of the barrier to employment, nothing provides more dignity for a man than to be able to contribute that which he is capable of contributing and of becoming an employed member of society.

# REHABILITATION OF THE DEAF

*Boyce R. Williams*

## Introduction

It is always gratifying to talk with workers for the deaf. Meetings like this stimulate important activity in the field that leads to more and better vocational rehabilitation services for more deaf people. That is the reason for our being here. Out of this meeting we expect that you will take home with you deeper and better informed commitments to the adjustment of deaf people and the knowledge that you have in your State Vocational Rehabilitation Agency the setting for a program of services which can provide for the independence of deaf people in accordance with their individual capacities to respond. If you here learn your lesson well, we shall see visible evidence of more and better services to more deaf people almost immediately.

Out of your active interest can come the urgently needed facilities for providing basic adjustment and other training services for the 80 per cent of deaf people who do not qualify for post-secondary education. These are truly the neglected ones. Out of your active interest we can begin to reach a much larger ratio of the 50,000 deaf persons who are in need of or able to benefit from vocational rehabilitation services as compared to the approximately 2,500 we are now reaching each year. Out of your active interest can come a stream of prospective workers for the deaf to help meet our deep-seated baffling manpower problem. These are only examples of what is likely to grow from your deliberations. Our experience is that you will produce many more ideas that are just as positive.

I do not intend that these remarks develop a negative sense of our achievements to date, for I am quite aware and proud of the great strides we have made. Rather, I speak as I do from depth of knowledge about how little has been done in terms of what needs to be done and from the full awareness that it never will be done until we all march together, shoulder to shoulder, toward the common goal of adequate public services of all kinds for all deaf people.

In the abstract sense, I believe that the vocational rehabilitation service has been able to reverse appreciably or at least stem the low expectancy about deaf people that has traditionally permeated the professions that serve them and has even been entertained by deaf people themselves. It has been able to achieve recognition that deaf people themselves should sit in councils debating programs intended for their welfare, that they shall consult and be consulted. Reflecting upon circumstances 20 years ago I can say in truth that great progress has been made in achieving first class citizenship for deaf people. If some of you should say that the vocational rehabilitation service has had a principal role in this happy development, I shall be proud to agree.

## The Problem

A public service comes into being and grows because certain problems that affect the public exist. Vocational rehabilitation for the deaf is expanding because of the serious employment problems of deaf people.

Due to their normal strength, mobility, and intelligence, deaf people can find employment. However, their jobs are much too often unskilled despite individual potential for higher level work, resulting in large human and economic losses. Our experience indicates that the principal reasons for this widespread *underemployment* are:

(1) *Undertraining* of the deaf person in —
   (a) communication — writing, reading, speaking, sign langauge, understanding
   (b) interrelationships with people and situations
   (c) vocations

(2) Inadequate *image development* of the deaf —
The public in general, including employers, has little correct knowledge about the handicapping aspects of the disability. The communication barrier appears overly formidable in the fact of this lack of knowledge and experience. Consequently, rich manpower resources lie dormant in many deaf persons for want of opportunities for appropriate public services and jobs.

(3) *Underservice* of public programs that should serve the deaf —
The unique nature of early, profound deafness requires special knowledge and skills, which are extremely scarce, in order to extend services to deaf people effectively. Since most public programs are devoid of such skills, their routine cumulative con-

tributions to suitable employment for normally hearing people do not operate for the deaf. Consequently, many public programs seriously underserve deaf people, thereby contributing to their underemployment.

(4) *Community isolation.* To find social satisfaction, deaf people group in a sub-society of deaf peers where in-group and individual communication problems are resolved. Their isolation is thus intensified. They share and grow with each other within the seriously limited group experience, but fail to achieve a fair role in the more rapidly evolving experiences and services of society at large. The impacts of undertraining, underservice, and inadequate image development are thus reinforced with consequent further deterioration in prospects for suitable employment.

(5) *Family isolation.* Deaf people are often isolated in the family circle. They fail to benefit from family strengths and opportunities because the family does not communicate freely with them. An example is the job which many normally hearing people obtain through family connections. The limited sharing of many deaf people in family planning and goals due to the communication problem seriously curbs their proper job placement.

The vocational rehabilitation service has responsibility to attack these reasons for underemployment by aggressive use of its State program, research and demonstration, training, and facility establishment instruments.

## The Attack

As I have stated previously, fewer than 2,500 deaf people are being rehabilitated each year when there are probably as many as 50,000 deaf individuals in need of or able to benefit from vocational rehabilitation services. Thus, only a small fraction are being served at all. The reasons for this are manifold and complex but serious voids in facilities and personnel that are qualified to serve deaf people appropriately are basic.

The inevitable corollary to these voids has been our widespread failure to rehabilitate deaf people beyond the scant fringe of employability. Our case records show that we generally rehabilitate around the severe communication handicap of deaf people rather than provide services to reduce it as a part of the vocational rehabilitation process. Strengthening the deaf clients' skills in language, in speech, in understanding has not been widely practiced in vocational rehabilitation casework. While this is due partly to these basic deficiencies in facilities and personnel, it may be due even more to our failure to recognize and build upon the normal strength, mobility and intelligence of our deaf clients.

Moreover, the needs of many deaf people for firm, understandable and understanding guidance while they are acquiring experience in competitive interrelationships have seldom been provided for in case services. While the above-mentioned basic deficiencies in facilities and personnel are important reasons, the problem has persisted for want of the ameliorative action that would flow from a clear grasp of what is involved and what to do about it.

## The Vocational Rehabilitation Act Amendments of 1965

I come now to the proposed "Vocational Rehabilitation Act Amendments of 1965", (HR 8310). There is much optimism that this proposal will become law. It is an Administration Bill and appears to have widespread support in the Congress and among the profession. Its provisions are tremendous and have much significance for our mutual aspirations for deaf people.

First of all, the barrier of feasibility that has discouraged the State vocational rehabilitation agencies from serving many of our marginal deaf will be sharply lowered. The mechanism is a provision for the determination of vocational rehabilitation potential for up to six months for individual cases and up to 18 months for the mentally retarded or other disabled designated by the Secretary. You can be sure that we will push hard to get the severely handicapped deaf in the 18 month evaluation category. The Bill calls for 75 per cent Federal funds to support all of the vocational rehabilitation program. Whatever may be finally decided, the prospect is very good for finances to provide evaluation-in-depth services for the thousands of deaf people who are not now adequately served if at all.

*Second,* initial authority for VRA to provide for building, expanding, staffing, and equipping sheltered workshops will be provided.

*Third,* authority will be provided at long last for new construction of rehabilitation facilities with heavy vocational orientation. (1) Federal matching will be a flat 50 per cent. (2) Purchase of buildings and land will be provided. (3) Four years of support for initial staffing will be available for newly constructed facilities. (4) Provision for residential accommodations in workshops for the mentally retarded will be expanded to include other disability groups. These exciting possibilities remind me of specific inquiries many workers for the deaf have made over the years. Are they ready???

*Fourth,* Federal financial participation will be possible in local as distinct from State projects. This has great implications for meeting the vocational rehabilitation needs of deaf people in metropolitan areas where local public funds may be available for matching.

*Fifth,* some of you may have had experience with what we call extension and improvement projects. The proposed legislation relabels them innovations and the House Report specifically mentions the establishment of projects for the totally deaf among the severely disabled who have not been adequately served to date. The authorization will be increased from 3 to 5 years and the Federal matching ratio may be 90 per cent for the first three years and 75 per cent for the final two.

*Sixth,* Statewide vocational rehabilitation planning will be implemented by grants to the States not to exceed $100,000 each. You will certainly want to be in early touch with your State director of vocational rehabilitation to be sure that you are fully involved and the needs of deaf people fully considered.

*Seventh,* most significant to our manpower problem will be the authorization of four years of support for individual traineeships. We now have only a two-year authorization which usually permits training only through the masters degree level. We thus have suffered competitively in recruiting promising young doctoral candidates.

*Eighth,* interpreting services will be provided for deaf vocational rehabilitation clients without regard to their economic need. This will be very helpful in many aspects of the casework process including diagnosis, therapy, and training.

# HIGHER EDUCATION FOR THE DEAF

*Edgar L. Lowell*

We are gathered at this Workshop to discuss the problem of people who are deaf and, more importantly, the services that are available to help them. Because lack of communication is the major handicap of deafness, our rehabilitative efforts are primarily educational. Higher education reflects the culmination of these rehabilitative efforts — the peak of our educational accomplishments. The quality of higher education will determine the degree to which deaf people can be expected to cope with the increasingly complex technical nature of our society. Higher education should also provide a pool of potential leadership for the deaf community.

Education is being taken very seriously these days. The President, in calling the recent White House Conference on Education, said, "Education, more than any other single force, will mould the citizen of the future. That citizen in turn will really determine the greatness of our society. And it is up to you to make that education equal to our towering expectations of the America that we love and the America that is to come . . ."[1]

As an indication of the seriousness of his concern with the problem, President Johnson recently signed the Elementary and Secondary Educational Act of 1965, which will channel some $3.3 billion through the U.S. Office of Education — not a great deal when compared with our efforts in space, but a greater increase when compared with the $645 million administered through the U. S. Office of Education two years ago. It is estimated that the total Federal funds for education and training will reach $8.6 billion for the fiscal year 1966.

In this time of great interest in all education, it is important to examine carefully the status of higher education for the deaf. I can think of no better way to introduce the subject than to quote from the "Report of the Advisory Committee on the Education of the Deaf,"[2] a committee on which I had the privilege to serve. It was appointed by the Secretary of Health, Education, and Welfare on the specific instructions of the last Congress, which was vitally concerned with the quality and scope of education for the deaf. The report states: "The American people have no reason to be satisfied with their limited success in educating deaf children and preparing them for full participation in our society.

"Less than half of the deaf children needing specialized preschool instruction are receiving it.

"The average graduate of a public residential school for the deaf — the closest we have to generally available "high schools" for the deaf — has an eighth grade education.

"Seniors at Gallaudet College, the nation's only college for the deaf, ran close to the bottom in performance on the Graduate Record Examination.

"Five-sixths of our deaf adults work in manual jobs, as contrasted to only one-half of our hearing population."

Let us examine some of these statements in more detail to see what kind of material we have available for higher education. The Committee requested Stanford Achievement Test Scores on all students who left public residential schools for the deaf during or at the end of the 1963-1964 school year. The reports received on 920 students showed a median Stanford Achievement Test Score at the sixth grade level. Of these, the 110 students who were 21 years of age at leaving had a median score of less than the sixth grade. I would hasten to point out that these are median scores. The range was quite broad, the upper limit reaching well up into the 11th grade and, unfortunately, falling as low as the first grade.

Another way of viewing this situation is to examine the 365 students who were reported as receiving academic diplomas upon leaving residential schools, regardless of age. Even with this more select group the median Stanford Achievement Score was only at the eighth grade level.

An independent assessment of the same problem is available from a study conducted by the Vocational Education Committee of the Conference of Executives of American Schools for the Deaf. They surveyed 1,212 students leaving 77 schools during the school year ending June, 1964. They reported 501, or something less than 50%, receiving academic diplomas, 348 receiving vocational diplomas or certificates, 163 attendance certificates or their equivalent, and 200 leaving without any certification. The average Stanford Achievement Test Scores or equivalent for the 501 students leaving residential schools with academic diplomas was at the 8.2 grade level. Those leaving with vocational diplomas or certificates had a 5.3 grade level. Recall, if you will, that this is about as close as we come to secondary education for most of our deaf students.

As I have pointed out elsewhere,[3] Pintner and Reamer in 1920, in a survey of 2000 children in schools for the deaf, concluded that the deaf were about five years academically retarded. Now, some 45 years later, even when dealing with the cream of the crop of school leavers, it is clear that we have not made significant progress.

We are faced with the rather inescapable fact that the majority of deaf students who would be available for what is traditionally called "higher education" are not prepared for it.

This is borne out by an examination of the admissions picture at Gallaudet College. For the period 1955 to 1963, approximately 45% of the applicants were admitted, but only 7% were qualified to go directly into the freshman class, the others requiring at least an additional year of preparatory work. Between 1945 and 1958, approximately a third of each preparatory class had withdrawn or been dismissed before the end of the preparatory year.

It is, therefore, not surprising that seniors at Gallaudet College, our major resources for higher education, perform so poorly when compared with seniors at other colleges. Not only are the average scores on the Graduate Record Examination close to the bottom, but the Advisory Committee found that "Individual student performance falls almost entirely below the median for all students taking the examination."[4]

The underemployment of the deaf, documented in the Lunde and Bigman survey, "Occupational Conditions Among the Deaf,"[5] and, more recently, corroborated by the "Occupational Status of the Young Deaf Adults in New England" by Boatner, Stuckless, and Moores,[6] should come as no surprise.

Lunde and Bigman, in a study of over 10,000 deaf people in 1959, showed that there was twice the percentage of deaf persons in the blue collar group of cratfsmen, foremen, and operators than is the case with the general U. S. population. Conversely, there were only 17% of the deaf population in white collar jobs, including professional, technical, managerial, clerical, and sales, as compared with 46.8% of the general U. S. population.

At the same time, we must predict that unless dramatic steps are taken, the employment picture will become worse. For one thing, there will be more competition for jobs.

To quote from some U. S. Department of Labor statistics,[7] from 1960 to 1970 there will be an increase in population of the United States of about 30 million people. In the five years from 1965 to 1970, there will be three million new young entrants into the labor market each year. This compares with two million a year, or 50% increase over the 1955-60 period.

While employment is at the highest level it has ever been in the history of America, about 70 million, at the same time unemployment has also been increasing. For example, in 1953, just 12 years ago, less than two million people were unemployed. These represented less than 3% of the labor force. Ten years later, in 1963, total unemployment was over four million and the rate of unemployment was 5.7%. In other words, unemployment doubled both numerically and proportionately in the ten-year period. Even though we are creating about a million new jobs each year through economic growth, approximately 1.2 million people are entering the labor force. While the unemployment figures will vary with the nation's economy, we can predict that unless remedial action is taken, the employment picture of the deaf will deteriorate rather than improve.

For example, the Labor Department estimates that white collar employment will be going up by about 46% between 1960 and 1975, while blue collar employment will only be going up at a rate of about 21%. As we saw earlier, the deaf have a much smaller representation in white collar positions than the general U. S. population. Those figures again were 17% for the deaf as compared with 46.8% in the total labor force.

As Professor Eli Ginzberg of Columbia has pointed out, ". . . whenever a machine is invented that is capable of doing the tasks formerly performed by large numbers of persons, it is likely to be installed — even if the machine is costly and even if the workers were paid a low wage. The last several decades have seen more and more routine laboring jobs eliminated in agriculture, mining, constructing, manufacturing, and in the service sector of the economy.

"At the same time, the economy has created opportunities for an increasing proportion of persons with professional, technical, or managerial skills — that is, individuals who have completed higher education."[8]

So we see that not only will competition for jobs be keener in the future, but the largest increase in new positions will come in occupations where the deaf are currently least well represented and, presumably, least well prepared.

The picture I have presented is a dark one and I may have sounded critical of our educational program. I am — but I hasten to add that I include myself in the group of educators being criticized.

But again to quote the Advisory Committee on the Education of the Deaf Report: "This unsatisfactory state of education of the deaf cannot be attributed to any lack of dedication of those who teach and work with the deaf. The basic explanation lies in our failure to launch an aggressive assault on some of the basic problems of language learning of the deaf through experience or well-planned and adequately supported research, and in our failure to develop more systematic and adequate programs for educating the deaf at all levels."[9]

To help us in achieving these goals, I submit that we also need to develop a philosophy to provide guidance and direction in the challenging period ahead. The philosophy must come to grips with the realities of the limitations imposed by deafness and with the realities of today's, more importantly, tomorrow's, occupational needs. Hopefully this philosophy would include long-term planning that might avoid the temporal expediency that has characterized so much of our past action. As you well know, we traditionally wait until a crisis arises and then spend a great deal of energy "plugging the dike". A little advance planning might have enabled us to build a stronger dike in the first place.

In formulating this philosophy, we must find some way of coming to grips with the problem posed by Professor Mesthene of Harvard. "How do we teach what skills to which people for what jobs in the future?"[10] A deceptively simple sounding question but a hard one to answer. The skills are new, so that their contents are imperfectly known and yet they have to be learned. As they are learned, curriculums have to be developed to impart them before they evolve still further. People who have never had to be educated before now have to be, including adults who most be retrained in mid-career. Most difficult of all, the shape of the future and the jobs that will be done have to be foreseen.

In addition, we must find some way of dealing effectively with the low academic achievement levels reported earlier. From one point of view, any talk of higher education is a mockery until the gap is closed and our institutions of higher learning are able to function as institutions of higher learning instead of high schools.

We must ask to what extent, and in what manner, we can meet the needs of the deaf for higher education in view of the enrollment pressures facing all institutions of higher learning. I submit that this is not a trivial question.

We must decide the extent to which our energies should be directed toward preparing students to meet today's vocational and professional opportunities; that is, specific, realistic preparation for positions that exist now, and to what extent should we, instead, try to prepare deaf students for the vocational and professional needs that will exist tomorrow.

We must decide the extent to which our energies should be directed toward developing leadership and creativity in the deaf. Again it may sound like a hollow mockery to talk of leadership and creativity when we are deficient in so many basic areas — but let me again quote President Johnson on the occasion of the 200th Anniversary Convocation of Brown University:

"We must . . . make certain that there is no neglect or no compromise of the American devotion to democracy of educational opportunity, because universal, free, public education is the very foundation upon which our entire society rests today. So our goals must be to open the doors to education beyond the high school to all young Americans, regardless of station or the station of their families. You and I have an opportunity that is not unlike that of the men and women who first formed these New England States. We have the opportunity to plant the seed corn of a New American greatness and to harvest its yield in every section of this great land."

"On the response of our partnership depends the vigor and the quality of our American way of life, for many generations yet to come. As a party to that partnership, let me urge you of this campus to admit no compromise in charting our course to excellence. *Concern yourselves not with what seems feasible, not with what seems attainable, not with what seems polite, but concern yourselves with only what you know is right. Your duty is the vision.* The duty of the world that I represent is the reality."[11]

And next, I think it is obvious that our philosophy must come to grips with a very real and pressing problem of ways in which a Christian fellowship can be instilled to an increasing degree, not only in higher education, but in all education for the deaf.

The Advisory Committee on the Education of the Deaf made a number of very specific recommendations which, if implemented, will do much to improve this situation. They include specifications for improvement and expansion of preschool, elementary, and secondary education, and strengthening and improving the offerings at Gallaudet College. We have every reason to believe that, with the widespread interest in the problems of all education and particularly education of the disadvantaged, we should see definitive action in the very near future.

A beginning has been made in the recent passage of the National Technical Institute for the Deaf Act, P.L. 89-36. This Act authorizes the Secretary of Health, Education, and Welfare to "enter into an agreement with an institution of higher education for the establishment, construction, equipping, and operation of a National Technical Institute for the Deaf for the purpose of providing a residential facility for postsecondary technical training and education for persons who are deaf in order to prepare them for successful employment".

The committee report, submitted by that true friend of the deaf, Senator Lister Hill, states: "The establishment of a National Institute for the Deaf would, by providing a broad flexible curriculum, be able to meet the many and varied special needs of able young deaf adults who seek the opportunity for further education and training. Adequately trained staff members, who are resourceful, flexible, and imaginative would be required for the successful operation of a technical training program.

"Since the estimates that have been made regarding the number of students who would be able to profit from a specialized program indicate that at least 400 students each year could qualify for enrollment, provision should be made initially to enroll at least 200 students each year with adequate planning for necessary future expansion. The special needs of individual students for program planning purposes would be determined following complete physical, psychological, audiological evaluations, and a program of orientation and guidance counseling. The goals established for some students could be accomplished in one year. The objectives for others might require two, three, or even four years to complete."

The principal objective of the Institute should be the employment of the student upon completion of a prescribed educational and training program. The environment of the school, the curriculum, and general living conditions, along with health and recreational services, should be designed to help the student achieve a high degree of personal development and a sense of social responsibility. The educational and training program should be supplemented by varied civic and social group activities to provide the proper environment for developing concepts of responsible citizenship and social competence.

"The focus of effort of the entire faculty on behalf of the students attending the Institute should be directed toward the goals of successful employment and preparation for full participation in community living."

"The curriculum of the Institute should be very flexible so as to permit a variety of adaptations to meet the needs of individual students without the absolute necessity to conform to traditional accreditation standards, such as course credits, fixed period scheduling and other curriculum restrictions. Courses of study should be available to meet the needs of students attending the Institute. Upon successful completion of a prescribed curriculum, each student should receive a certificate or other formal recognition that would attest to what has been accomplished. The standards and quality of training offered in all areas will have to be high enough to meet the usual requirements as recommended by labor, industry, and professional associations, including certifying and licensing agencies."

"The program offered should be broad enough to include a basic or preparatory curriculum of a remedial nature in such subjects as English, reading, science, and mathematics as may be required to prepare deaf students to take the postsecondary courses intended to increase their educational and work skills to enable them to become qualified candidates for employment at levels commensurate with their ability and training. A supplementary curriculum including such courses as humanities, government, history, and economics should be offered to properly prepare students for living in a modern urban society. A comprehensive supporting curriculum in such subject areas as physics, chemistry, biology, and higher mathematics should be offered where required as prerequisites for training in technical areas."

The establishment of the National Technical Institute for the Deaf will drastically change the picture of higher education for the deaf in America. There is still much to be done.

We must pursue the development of a broader philosophy. We must come to grips with some of the critical questions facing us. It is my earnest hope that at least a beginning can be made in the deliberations that will follow in this meeting.

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# EXPECTATIONS

### *Loyd Corder*

I know that all of us have looked forward to this Workshop. Each one of you, regardless of the nature of your work, has had certain expectations of what this Workshop will result in for you and for the deaf. Let me share with you some of my own expectations.

First, I feel that the Workshop is going to bring to us an increased awareness of the fact that life does not have just one aspect, but many aspects to it. Many of you are associated with me in mission work. We tend to specialize, and actually, we get the feeling that nearly everything involved in our work is important. Certainly, I would be disappointed if we did not feel that our work is important. But life is made up of the physical, the mental, the emotional, and the spiritual; and yet these are all inseparable. We cannot separate the emotional life from the physical being. Neither can the mental be separated from the emotional being, or the physical from the spiritual. You just cannot dissect life into little parts. We need to take time to broaden our horizons to see that, after all, our ministry to man is a ministry to him in all aspects of his life. Of course, all aspects of life are interrelated. As we think about them, we may think that we ought to branch out into other fields. For instance, a lot of times preachers get the idea that they ought to be psychiatrists or they sometimes feel they ought to be physicians.

As I see needs, I realize that there's too much for one person to do. With the tremendous amount of knowledge available to us, it is impossible for one person to know all there is to know. So we specialize, and specialization is necessary. But the danger involved in specialization is that it will not be specialization in the context of the whole, but compartmentalization. Let me explain what I mean. If we try to divide life into segments and each of us works in his own segment without relationship to the other segments, we have a kind of isolationism. I admit that religious workers are guilty of isolationism; but while I am admitting this, let me include other vocations, too. We all tend to get a nice specialty and isolate ourselves from all others. Sometimes we fail to reach the height of accomplishment that we could reach, if we were able to relate ourselves to others more completely.

One thing that I have hoped will come from this conference is the broadening of ideas that enables us to see many aspects of life and how they relate to the aspects of life we are especially interested in. I hope we can also discover how the aspect of life in which we are interested can contribute to other areas of life.

We learn early that we cannot know enough about every aspect of life to be able to function adequately alone. We learn that we need other people. Preachers find out that they need teachers, and teachers find out that they need doctors, etc. So I am hoping that out of this Workshop we will find how much we need one another and how much we can help one another in our various functions. We must also realize that whether or not we want to be related to one another—we are related. It is not a matter of choice. I remember a professor of mine told an acquaintance, "You know, the first thing I would do if I were you? I'd join the human race!" Since we are all in this effort together, we may as well relate properly to one another. It is not a question of whether we are together, the question is how well we relate to one another.

Therefore, I hope that all of us are going to learn a great deal this week. I expect to learn from you. And I expect to teach you some things. We are going to learn from one another. The biggest value such conferences can have, I think, is the interchange of ideas and concepts, points of view and not just information, and many times the philosophy involved in our points of view.

We do not have just *people* involved in this Workshop, we have institutions — government, church, school, community — different kinds of institutions. We have a tendency, of course, to associate only with our particular kind of institution. I think when we were planning the Workshop, I asked this question of the group, "Just how do we understand that we carry out the concept of the separation of church and State if the Government is providing a conference for people associated with one or more church denominations?" I believe it was Dr. Williams who said, "Let's make one thing plain: we on the part of Vocational Rehabilitation Administration are not interested in making any converts at all, except for vocational rehabilitation." That's their official position — I appreciate that. This does not mean that the people of vocational rehabilitation — as Christians — are not interested in the spiritual welfare of all people, but from the standpoint of the institution and the agency with which they serve, they have a certain point of view — and so does each of you. Just as all of these aspects of life are interrelated and cannot be separated insofar as the individual is concerned, neither can they be entirely separated so far as society is concerned. We find ourselves involved in these relationships where we need to do our best to make effective the service rendered by all.

Another thing that is interesting to me about this Workshop is the opportunity of getting acquainted with many people and of making many new friends. When we have finished this week's work together, all of us will have new personal friends. We are going to be related to people in other walks of life and vocations and functions that otherwise we would not have been related to. I think we are going to learn how we can work together and how we should relate to one another from these workshop sessions. I want all of you to feel that you are related to me, and I am related to you in the work with the deaf that is as broad as all the aspects of life itself. I shall be very happy, if when we finish, we will find that we are all working at the same task, each supplementing the other and each helping the other — each in his own role.

# WHAT IS DEAFNESS?

*L. D. Hedgecock*

The answer to this question might well be the subject of several presentations. It might be answered from the point of view of a medical diagnosis. A part of the medical evaluation might be the audiologic findings. Deafness may be defined in terms of educational and social problems that result from the failure to hear adequately. Whole books have been written on the psychology of deafness. The implications of deafness for personal and vocational adjustment are matters of serious concern.

This discussion will be an attempt to cover the subject from a general point of view and may touch on each of the above approaches to some extent. Without doubt, however, the author's background will lead to an emphasis on audiologic manifestations and personal implications of deafness.

The problems presented by deafness can hardly be understood without a fair understanding of the hearing process. This should include not only the physical characteristics of sound and the organic reception of auditory stimuli, but also the psychologic and social effects of audition. It is difficult at times to establish the concept that hearing may differ in quality or kind of sounds that are heard as well as in quantity or amount of sound heard.

The normal human ear is capable of detecting changes as small as one-billionth of the atmsopheric pressure on the eardrum. In order to avoid the large numerical quantities that would be involved if measurements were made in units of energy or in actual acoustic pressures, the measurement of sound intensity usually is made in ratios between two intensities and expressed in units called decibels. The intensity range of the normal ear for certain frequencies is approximately 140 decibels. This means that the loudest sound an ear can tolerate exerts approximately ten million times as much pressure as the lowest sound that can be detected. On a typical audiogram the zero decibel level represents the intensity at which normal ears can just detect a tone. Loss of hearing is expressed as so many decibels above that intensity.

The range of audible frequencies for normal human ears extends from approximately 20 to 20,000 cycles per second. The frequencies that are most important for conveying speech are those between 300 and 3000 cycles per second. In clinical audiometry we usually measure the threshold of hearing for frequencies between 125 and 8000 cycles per second. It may help our thinking to bear in mind that the pitch of middle C is about 250 cycles per second and that highest notes on a piano are in the neighborhood of 4000 cycles per second.

The total number of tones that most ears can distinguish on the basis of both intensity and frequency differences is in the order of one-third of a million. Of course, most of the sounds we hear are not of a single frequency nor at a single intensity. Instead they are complex patterns of many frequencies and different intensities. This leads to the conclusion that the normal ear is responsive to virtually an infinite variety of sound patterns. Such keen sensitivity is possible because of the highly specialized and delicate structure of the human ear.

The outer ear needs little description or analysis to understand its function. It decorates the side of the head in various ways and acts as a funnel for catching and directing sound to the eardrum.

The middle ear is more complex, both structurally and functionally. It is composed primarily of the eardrum and three tiny bones or ossicles (the malleus, incus and stapes), which provide a mechanical linkage between the air canal of the outer ear and one of the openings to the inner ear. The middle ear normally is closed from the outside by the drum membrane and gets air as needed through the eustachian tube which connects the middle ear cavity and the nasal chambers. Two openings in the wall between the middle and inner ear are known as the oval and round windows. The oval window houses the footplate of the stapes and allows for its vibration while the round window is closed by a flexible membrane which permits the release of pressure that is applied to the fluids of the inner ear.

The middle ear as a whole acts as a mechanical transducer of sound vibrations from the surrounding air to the fluids of the cochlea. The relatively large surface of the drum membrane as compared to the small oval window and the lever-like action of the ossicles together serve effectively to transform air vibrations into fluid motion within the cochlea. The sound pressure exerted at the oval window by the footplate of the stapes is some 22 times greater than that of the air at the drum membrane.

The inner ear is a highly complex and delicate structure embedded deep within the temporal bone. The auditory portion of the inner ear occupies a space that is shaped like a tiny snail shell and is known as the cochlea. Within the cochlea is an intricate arrangement of fluid-filled tunnels and highly specialized sensory cells that make up the organ of hearing. This end-organ is spiral in shape and occupies the small central tunnel of the cochlea. It is supplied with nerve endings from the eighth cranial nerve, which carries auditory impulses to the brain. Adjacent to the cochlea and continuous with it are vestibule and three semicircular canals. These labyrinthine chambers also have special sensory structures that contribute to the sense of balance or equilibrium.

It is thought to be in the cochlea mainly that analysis or differentiation of sound occurs. This is a complicated process that is not completely understood, but nevertheless, some aspects of cochlear function are reasonably well established. High frequencies are known to be picked up in the basal end of the cochlea while lower pitches are received near the tip of the spiral. Specific areas along the spiral organ appear to be responsible for specific tones. High intensities of sound appear to stimulate more sensory cells in some or all parts of the cochlea and thus produce the sensation of greater loudness.

The performance of the cochlea is extremely intricate and must be completely intact for the ear to behave in the remarkable way that has been described. Any failure in cochlear function is likely to produce distortion, if not obliteration, of complex patterns of sound.

Conductive hearing loss results from some kind of defect in the mechanics of the outer or middle ear. Frequently this can be alleviated by medical or surgical intervention or by the use of amplification. Usually it does not result in a serious problem of communication or rehabilitation.

Sensori-neural hearing loss is present when either the cochlea or nerve tracts are involved. Usually medical treatment is not fruitful and frequently amplification offers only limited help. It may be difficult to determine the exact site of impairment in sensori-neural losses. Very likely, in many instances there is some deficiency in both the sensory mechanism and in the nerve endings that supply this area. In a few cases it can be demonstrated that the cochlea is intact and that deafness results from a lesion in the eighth nerve tract. In still another small group of individuals, it seems clear that apparent deafness is based on central perceptual difficulty while the peripheral hearing mechanism is intact.

The full nature of auditory perception defies simple description. However, some of the significant biological functions of hearing many be delineated. In its simplest form hearing is unconscious. The listener reacts to the background of sound in his environment without being aware of most of it. Any sudden change or unusual quality of sound is likely to raise hearing to the signal or warning level. At a still higher level of consciousness hearing allows communication by language and appreciation of auditory beauty. Each of these functions is important to the comfort and well-being of most humans. Even the unconscious perception of background noises establishes a sense of contact and unity with the environment; lacking this, an individual is likely to feel isolated and uneasy. At the signal level hearing serves the practical purposes of protecting a person and directing much of his activity. The most important role of this remarkable modality in humans is at the intellectual and social levels where hearing permits easy acquisition of language and fluent oral communication.

With this much background in the structure of the ear and the nature of hearing let us review some of the concepts of deafness. Numerous attempts have been made to define deafness and certain formulations have gained fairly wide acceptance. However, no single definition has proved satisfactory for all purposes.

The White House Conference on Child Health and Welfare described the two main groups with hearing impairment in this way:

The *deaf* are those who were born either totally deaf or sufficiently deaf to prevent the establishment of speech and natural language; those who become deaf in childhood before language and speech were established; or, those who become deaf in childhood so soon after the natural establishment of speech and language that the ability to speak and understand speech and language has been practically lost to them. The *hard of hearing* are those who established speech and ability to understand speech and language and subsequently developed impairment of hearing. In this definition the chief concern is with the age at onset of the deafness. The degree of loss and the kind of deafness involved are not dealt with to any significant extent. Further, it suggests the rather ridiculous concept that a totally deaf person is merely hard of hearing if he once heard enough to acquire satisfactory speech and language.

The Conference of Executives of American Schools for the Deaf considers this definition unsatisfactory and proposes instead the following:

The *deaf:* those in whom the sense of hearing is nonfunctional for the ordinary purposes of life. The general group is made up of two distinct classes based entirely on the time of the loss of hearing: (a) the congenitally deaf — those who were born deaf; (b) the adventitiously deaf — those who were born with normal hearing but in whom the sense of hearing became nonfunctional later through illness or accident.

*The hard of hearing:* those in whom the sense of hearing, although defective, is functional with or without a hearing aid.

For practical purposes this definition is fairly satisfactory. It takes into account the degree of hearing loss as well as the age at onset of the loss. Some question may be raised over the appropriateness of taking the time of birth as a crucial point for separating two groups. Many observers feel that the child who becomes deaf during the first few years of life is likely to function more like a congenitally deaf person than like one who has acquired considerable facility with speech and language before losing his hearing. Also, the terms "functional" and "nonfunctional" as applied to hearing present some knotty problems of interpretation. Actually, normal hearing and total deafness are two ends of a continuum which cannot be dichotomized neatly and with certainty at any point.

Attempts to resolve this problem have led away from precise definitions toward other kinds of classification. On the basis of previous audiometric standards in America, individuals with hearing losses greater than 75-80 decibels in the important speech frequencies usually have been considered severely deaf and thought to need special facilities for education on a full-time basis. Those with hearing losses for speech between 35 and 75 decibels have been categorized as having moderate losses and frequently considered candidates for some specialized help while working mainly in regular classrooms.

The adoption and application in this country of a new international audiometric standard is in process of altering the above categories. Since the new audiometric standard is approximately 10 decibels more rigid and requires better hearing or better listening conditions to attain a zero-decibel threshold for tones, the ranges mentioned will be expected to change to 85-90 decibels and above for severe hearing loss and from 45 to 85 decibels for moderate losses.

Most professional people applying these or other standards of hearing will recognize that a number of factors in addition to the audiometric data should be taken into consideration. This, of course, brings back the concept of "functional" hearing and draws attention to matters such as intellectual capacities, special abilities, personality traits, social attitudes and personal aspirations.

An obvious fact, but one that is not always kept in mind, is that deaf and partially deaf people will vary as much in the above, and most other, characteristics as any group of people. Just as certain dominant physical characteristics of Oriental people lead the naive Westerner to conclude that all Orientals look alike, so the dominant characteristics of deafness frequently create the impression that all deaf people are alike, or at most, differ only in looks and degree of deafness. It is impossible to describe the "typical" deaf person. Individuals who are considered deaf vary widely in degree of deafness, age at onset of loss, method of communication and attitudes toward their handicap as well as in basic abilities and personal characteristics.

In spite of the variations that are inevitable, it is possible to identify certain problems that are common to most deaf individuals. They all face some communicative barrier. Virtually all of them depend heavily on visual contact with their environment. In the normal individual, hearing and vision work together in a supplementary relationship to orient the person to both his immediate and his distant environment. Vision is directed primarily to the foreground while hearing is nondirectional and encompasses the background as well as the foreground. Vision is limited by darkness and by obstructions and is essentially nonfunctional during sleep. Hearing functions keenly in the dark, around corners, through most walls and doors, and even to substantial degree during sleep. If we could continue this comparative analysis of the two major senses, we probably would understand why Helen Keller has said that she regrets the lack of hearing more than she does the lack of sight.

In the absence of hearing, vision must carry most of the burden of perceiving things at a distance although the tactile sense may be employed for this to some extent. Most deaf persons are able to feel the vibrations produced by an airplane or a clap of thunder. Their attention usually is drawn promptly by the stamp of a foot on a wooden floor. From time to time speculations have arisen to the effect that the deaf as a group possess keener visual perception than do those with normal hearing. While this fact has not been demonstrated conclusively, it has a sound underlying premise. It acknowledges that the security of the individual is threatened by one sensory defect and in response mobilizes his remaining resources more effectively. He develops compensatory skills in order to meet the demands of his environment.

In addition to visual and tactile impressions, the deaf person may develop an acute awareness of kinesthetic sensations. This helps him to feel and interpret his own movements more effectively and becomes an important gauge for controlling the production of speech. While it seems obvious, it is not always understood clearly that the motor mechanism for speech of a deaf person is virtually always normal and capable of producing an intricate variety of sounds. The reason he does not talk normally is that he lacks the auditory stimulation and control that normally produce intelligible speech. There appears to be no satisfactory substitute for this natural process of developing speech. Consequently, although many deaf people do speak reasonably well, it is unrealistic to expect those with little or no hearing to talk normally.

The ability to communicate to some extent by lip reading or speech reading is common to nearly all deaf people. Some become quite adept at it and may rely on it to a considerable degree while others turn quickly to some other means of communication. Certain individuals seem to have an inherent aptitude for speech reading while others find it difficult even after prolonged instruction. At best, speech reading entails severe limitations in conveying complete and accurate meanings. A relatively small proportion of the positions and movements of speech are visible. The observer sees only partial patterns of languages and these only fleetingly. There are several pairs of English consonants in which the positions and movements are identical. This results in a high degree of similarity in the visual patterns of many words and phrases. Often the speech reader must rely on context and a sense of appropriateness to determine what is said. Difference in the way people speak also contribute to the difficulties of speech reading. People who talk too rapidly, too slowly, or with little movement of the lips are hard to understand.

In view of the tremendous obstacles to oral communication by the deaf, it is remarkable that so many of them make a sustained effort to talk and to understand what is said to them. Important as oral communication is, we must bear in mind that it is not the only means of communication, and is not a prerequisite for acceptable behavior and competent performance of many tasks. Each deaf person should be encouraged and guided in the development of appropriate compensations that will provide a sense of security and satisfaction. Frequently this may be done most effectively by emphasizing activities and abilities that are not dependent on hearing. The deaf person who is highly competent in any field usually will find his efforts and himself accepted and appreciated and rewarded.

In brief, the deaf are truly a remarkable group of people. Their admirable conduct and commendable achievements testify that it is possible to meet the challenge of this severe handicap. This does not suggest that the victory is either easy or complete. Both observational and experimental research indicate that it is extremely difficult for a deaf person to adjust satisfactorily to his environment. The failure in the past of some individuals to adjust adequately and the prospect of certain conditions worsening in the future are evidence that we need still better understanding of the problems created by deafness, better services and facilities for solving these problems and better acceptance of the situations that cannot be altered.

# PSYCHIATRIC OBSERVATIONS ON HOSPITALIZED DEAF PATIENTS*

*Tibor Farkas, M.D.,* and
*Kenneth Z. Altshuler, M.D.*

For the past ten years the Department of Medical Genetics of the New York State Psychiatric Institute has concerned itself with mental health problems and needs of the deaf. An initial study was organized in 1955 to gather a broad range of reliable information on adjustive norms in the general deaf community and among various sub-groups. As part of the project, a pilot mental health clinic and surveys of the deaf hospitalized in State hospitals throughout New York brought forth detailed information on the prevalence, form and course of minor and major psychiatric disorders among the deaf.

The results of this investigation demonstrated clearly the need for comprehensive mental health services for the deaf, geared to their special needs and equivalent to those available for the hearing.[1] Accordingly, in 1963, a unique inpatient facility devoted to the care and treatment of the deaf was established at Rockland State Hospital. The unit provides complete psychiatric services for deaf inpatients of both sexes in the framework of a longitudinally organized program of evaluation, hospital and clinic treatment, aftercare and rehabilitation. It is supervised and staffed by professional and other ward personnel, all trained in manual communication.

The outpatient clinic has been continued as a part of this service, offering evaluation and treatment for persons who do not require hospitalization, and continued care for convalescing patients discharged from the hospital. In accordance with modern concepts of therapy, treatment continuity from inpatient to aftercare status is stressed. The clinic also provides family guidance and heredity counseling for prospective marriage or parenthood, and it assists other community agencies in evaluating their deaf clients. Efforts are also made for the recruitment and training of personnel in psychiatry, rehabilitation, nursing and allied fields for work with the deaf.

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The years of work with deaf mental patients have demonstrated that deafness provides no immunity to emotional disturbance. Indeed the roster of deaf patients shows a full range of psychiatric illnesses in all degrees of severity, and several cases continue to defy efforts at classification. It has also been evident that our therapeutic weapons have to be modified and applied with renewed vigor for effective use with deaf patients. Our experience to date justifies the expectation that ultimate results in most cases can compare favorably with those achieved for the hearing. In two and one-half years of inpatient work in a small 30-bed unit, we have been able to release thirteen patients from the hospital, many of whom were transferred to the facility after years of hospitalization elsewhere. Even more noteworthy is the fact that so far none of those released have had to be readmitted.

It may be of interest to discuss in some detail a particular group of these patients where the problems of diagnosis, treatment, and outcome are especially puzzling. We have noted elsewhere that the majority of deaf inpatients are admitted because of unruly, impulsive, sometimes bizarre behavior, regardless of the type of underlying illness.[2] The group to be considered is no exception in this regard. yet examinations in depth often fail to reveal pathology of psychotic extent. The behavior continues to be impulsive, erratic, sometimes antisocial, shortsighted, and without perseverance. In some ways such patients appear to be like the hearing psychopath, a conscienceless character, antisocial and impulsive, a swindler, petty thief, or the like. Yet our patients are generally without guile or malice, have at times a clear awareness of right and wrong, and often seem immature and childlike. When crossed, they may quickly give way to violent temper tantrums, but they are otherwise openly friendly and eager to please.

The following case abstracts may illustrate some of the qualities of this group of patients.

*Case 1.* A. B. is a 22-year-old white man, congenitally deaf and very short in stature. He was admitted to the special ward in January, 1965, his first admission to a mental hospital. His father is also very short, but there was no family history of deafness. At the school for the deaf which the patient attended from five to seventeen years of age his behavior has been characterized as indifferent and defiant, and there was some question that he might be mentally retarded. His aggressive behavior led finally to his discharge. After a brief stint in another school, he quit for good.

For the next two years he was involved repeatedly with the police for petty thievery and destruction of property. Each time he was apprehended, he would freely admit to his offense. Indeed, he was so cooperative that he would admit to offenses he could not possibly have committed, and then vow in stalwart fashion that he knew he had done wrong but would never do so again. In 1962 he was placed in a correctional institution. After two years he was released on parole, which he promptly violated. A short time later arrangements were made for hospitalization.

On the ward he was generally cooperative and pleasant. His physical examination was negative but for his height, and biochemical and endocrinological studies were negative. Though genial and open, he was prone to emotional lability, with impulsive outbursts of anger and defiance precipitated by minor frustrations. He was always well oriented and well informed, but his general intellectual level was low normal, and his ability for abstract thinking notably constricted. His diagnosis was emotionally unstable personality.

*Case 2.* E. F. is a 20-year-old white girl, admitted to the special ward in August, 1963. Six months earlier she had been placed in a foster home after her expulsion from a school for the deaf where she had been telling many stories about sexual assaults. It was not known whether these stories were true or fabricated. Her behavior in the school, and initially in the home, had been characterized as "cyclic," going from sweet docility to stubbornness, temper tantrums, and provocative sexual misbehavior. The foster mother maintained a great interest and loving discipline, and in response to this kind of care the patient had seemed to improve greatly.

A month before the patient was transferred to the hospital, her older sister visited the home, bringing her newborn infant, born out of wedlock. The patient made a great fuss over the child and became quite excited. From that time on her behavior grew worse. Her sexual preoccupation increased and she seemed deliberately to seek out contacts as if trying by any means available to have a baby of her own. The night before admission she returned after several hours in the woods with an older man, disheveled and distraught. She was uncontrollable and agitated; the police were called and she was taken to the hospital.

The patient had spent most of her life in foster homes. Both parents were alcoholics, the father denying paternity at her birth, and the mother alleged to have run a house of prostitution. Her deafness, apparently congenital, was first diagnosed at seven months, by which time the patient was virtually on her own. The pattern for foster parents was always the same — initial delight with her affection, obedience, and intelligence, gradually giving way to angry rejection as her provocativeness and demands for love became more and more unsupportable. As she grew older, her indiscriminate sexual impulsiveness more quickly enlisted this kind of response.

In the hospital her general physical examination was negative. She was usually neat and well groomed. With the doctors she was friendly but shy; with the ward attendants and male patients more direct and seductive. She was easily embarrassed, and became blushingly pained and evasive to all questions concerning her sexual behavior. She was emotionally responsive, but at the slightest frustration acted impulsively or had a tantrum. Her test revealed at least average intelligence, though her insight and judgment are very limited. Her diagnosis was emotionally unstable personality.

*Case 3.* N. O. is a 22-year-old deaf Puerto Rican female admitted to the special ward in December, 1963. She had been found in an agitated and confused state by the police in a hotel with a boy and was taken to a city hospital. On admission there she seemed inappropriate in affect and showed some paranoid ideation. Her diagnosis on transfer was psychosis with mental deficiency.

Born in Puerto Rico, an only child and congenitally deaf, she had come to this country at the age of ten. She had attended school for the deaf in Puerto Rico and in the United States, where she maintained her grade level, although with some difficulty. Since her parents were divorced three years prior to admission, she had been living with her father. Her difficulties in adjustment began at the age of fourteen and included impulsive behavior irresponsible lying, and staying out late with boys. Over the three years preceding admission her father found her increasingly difficult to control; she would either deny responsibility or promise to be good and merrily go on her way.

In the hospital her physical examination was negative. Mental status examination revealed dull-normal intelligence, and underdeveloped judgment, particularly in social situations. She was happy, eager to communicate (manually), and openly friendly, but quick to become cross and sulky. No psychotic mental content could be elicited. Her hospital course was relatively peaceful. After a period of investigation and individual psychotherapy her diagnosis was changed to emotionally unstable personality in a person with borderline intelligence. Continued individual and group therapy was directed at the development of responsibility and judgment and some internalized controls to guide her social behavior. She was discharged after fifteen months to be followed in the clinic, where all indications are that she is making a fairly good adjustment.

Psychiatric observation and psychological examinations in all three cases revealed personality structures that were in some ways primitive and undifferentiated. It often appeared that perceptions were vague and ill-defined, and that capacities for adapting to new situations and structuring new experiences were very limited. Internalized controls were minimal, and impulsivity predominant. Critical self-awareness was constricted as was the capacity for empathy with others. Anxiety and tensions appeared to demand quick discharge through action, often inappropriate to the situation. I. Q.'s of the patients were in the average of low-average range.

Discussions with educators, counselors and others working in the field suggest that all who have worked with the deaf are familiar with this kind of picture. Indeed, it may well be that such disturbances are more common for the deaf than among the hearing. Yet, despite the frequently met nods of knowledgeable agreement, persons with this symptom complex continue to pose often insurmountable problems — diagnostic, therapeutic and prognostic.

The body of general psychiatric knowledge confirms our own impression in emphasizing the uncertainties of treatment for such patients. With a scarcity of studies on the impulsive type of character, there is even confusion as to the underlying disease entity. Michaels has suggested that impulse disorders represent a separate class of illness, with the impulsive psychopath being one extreme with the category.[3] Others affirm that the individuals with poor impulse control are in a borderline area, where the differentiation between neurotic and psychotic is vague and often undefinable. On the basis of clinical and neurophysiological observations, some theoretical correlations have been drawn between the impulsive character, traumatic neurosis, epilepsy, and hysteria, with immaturity in its broad sense being their common denominator.[4, 5] The psychoanalytic writings on persons with extremely impulsive behavior emphasize a malformed superego (conscience) and an excessive degree of narcissism.[6] Others describe a primary orientation to senses and things, so that perceptions, concreteness and action take precedence over conception and abstraction.[7]

The problem is compounded further by the question of whether deaf patients with impulsive behavior are comparable to the hearing subjects of the studies mentioned. As an externally imposed limitation on early effective interchange and the development of symbol formation, abstract capacities, and social awareness, early total deafness might be expected to have enduring effects on the formation of character.[3] Coupled with other individual stresses, these limitations could lead to shortsighted, inappropriate and impulsive behavior on a basis quite different from that which underlies such problems in the hearing.

Our experiences have taught us that treatment of deaf patients in this category demands unusual time and perseverance, and there is never certainty as to the outcome. Often institutionalization is necessary to protect both patient and society and to ensure sufficient patient control for the implementation of a treatment program. Individual psychotherapy seems less useful in such cases than group therapy, where peer pressures act toward control and conformity and support the growth of social awareness and individual identity within the group. The group atmosphere includes a well-structured therapeutic milieu throughout the ward, under carefully chosen leadership and supervision.

By setting limited goals and emphasizing training and the establishment of a modicum of internalized controls we have been able to discharge a number of such patients to job status in the community. As of the moment they are holding their own, though the hold is sometimes tenuous and they require continued supportive contact with our staff. Given time, and further research and experimentation with treatment methods, we hope to test and define the limits of change for this most challenging group of patients.

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# THE BAPTIST WORKER AS A MEMBER OF A REHABILITATION TEAM

*Carter E. Bearden*

The rehabilitation of the whole man delineates the concept of the total being of the human personality. It preponderates any philosophy ever uttered by the mind of man, any space exploration ever attained by the astronaut any scientific breakthrough ever attained by the scientist, any profound theological treatise ever penned by the theologian, and any social movement ever marshaled by any individual or group. Thus, the rehabilitation of the whole man is a tremendous achievement. Even though the re-creation of the spirit or nature of man can be solely accomplished by the divine act of God, it, however can be said right here that God has called us together to labor with Him in the rehabilitation of the social man for his ultimate well-being. In this sense, we are the instruments of the dispensation of God's grace and the tools in the hands of society for the betterment of mankind, especially the rehabilitating of deaf persons.

## The Members of Society and the Deaf Person

The parent of the deaf person is interested in his upbringing; the teacher, in his education; the church worker, in his religion; the vocational counselor, in his skills; the psychologist and the psychiatrist, in his emotional and mental development; and the politician in his citizenship. Each in his chosen field contributes to the growth of the whole man, physically, mentally, and spiritually.

In all fairness, let it now be said that the four persons who have done so much to help the personality of the deaf person are, in this order, the parent, the teacher, the deaf friend, and the church worker. These four members of society exercise a wider influence upon the personality of a deaf individual than most people realize. They maintain a close working relationship with him through almost all his life, and because of this advantage, they know his problems and needs better than other people. It is frankly admitted that the teacher and the religious worker who are deaf or come from homes of deaf parents or relatives possess keener understanding of the deaf than other teachers and church workers. Of course, there are exceptions.

The deaf person whom we seek to rehabilitate usually seeks one of the four, if not all, for advice and assistance in all matters having to do with civil, domestic, economic, religious and personal problems.

My fifteen years' experience and observation in mission work have led me to the conclusion that in any major community of the South the deaf person will turn to an interpreter, who as a general rule is a church worker, for help in interpreting the diagnosis of a doctor, the lawsuit of a plaintiff, the speech of a politician and the sermon of a minister. Because of this special relationship, he often calls upon the religious worker to locate a job for him or place him in a training school where he can rehabilitate himself with the aid of the interpreter.

## The Religious Worker

The religious worker is in a unique position because of his special relationship to the deaf person. Not of his own choosing, he becomes all things to the deaf person. He is an interpreter, a counselor, a chauffeur, a friend and a manipulator. As an interpreter, he is a marriage counselor, a lawyer, a judge, a doctor, a minister, a social worker, a telephone operator, a vocational counselor, a teacher, a business man and even a mortician. In terms of wages, he is worth at least $10,000 a year. Yet he sacrifices his time, money, talents and efforts in unselfish devotion for the good of the deaf.

He is not only a church worker with the deaf but a vocational rehabilitation counselor as well. Rememmber, this relationship was going on long before the Vocational Rehabilitation Administration took cognizance of the problems and needs of the physically deaf and hard of hearing and manifested its interest sufficiently to set up a rehabilitation program for them. Like a general practitioner, the church worker finds himself in a peculiar position.

## The Church Worker as a Member of the Rehabilitation Team

Three factors make it imperative for the church worker to become a member of the rehabilitation team: (1) the limited amount of time, (2) the rise of automation and of special fields of study, and (3) the interpersonal relationships of professional people.

Consider, first of all, the limited amount of time. Too many demands have been placed on the religious worker, who does not have the time to attend to all the details. By working with other people he will be able to devote more time to his religious ministry. This procedure is made a little easier by the fact that he and other members of the rehabilitation team can discuss problems and solutions over the telephone, thus saving time and trouble. In my case, I have corresponded with Jim Whitworth over the years.

Second, consider the rise of automation and of special fields of study. New jobs created every year are too numerous to list. It is understood that there are over 15,000 titles of occupations in which one may choose to specialize. The vocational rehabilitation counselor is a trained professional worker and knows which jobs are in great demand, what special training is required for such jobs, and where the jobs and best training schools are located. Perhaps he has the same goal that you and I have — the ultimate well-being of the deaf. He needs our help. Let us remember that the primary function of our ministry is to speak to man on behalf of God and to help him from the standpoint of Christianity. We are called to meet the spiritual needs of the deaf. Our job is not to spend time learning new jobs, knowing the qualifications for these jobs, and placing the deaf in such jobs. But we can work with vocational rehabilitation and other members of the team in helping to rehabilitate the deaf so as to help make of them useful Christian citizens.

Third, consider the interpersonal relationships of professional people. In the last decade more and more ministers are working with doctors in their ministry to the sick. This teamwork proves to be very beneficial to the sick. Today professional religious workers are working with industry, civil agencies and labor forces in meeting the over-all needs of working people. If we are to help rehabilitate our deaf people, we must establish contact with the Vocational Rehabilitation Administration and work with them toward a common goal. For this reason we are here today.

## Positive Actions for Improvement

Positive actions for improvement should be taken by the religious worker and other members of the rehabilitation team. These steps are suggested: (1) Manifest a genuine interest in the person being rehabilitated. The tendency is to be overly concerned about the good job or training being offered or opened up to the deaf, and not in the person himself. (2) Help the deaf person in school to know the importance of having a high school education. Point out to him that the higher his education, the better chance he will have to secure a job. Explain to him that among the

**workers, the professionals rank high in the pay scale, and the unskilled worker is always at "the bottom of the barrel!". Help the older person attend adult education classes, if they are available, to further his education or to enroll in a training school where he can learn to become a skilled worker. (3) Be frank in your counseling. Help the deaf person to understand his limitations. Show him the goals he can accomplish. Point out to him the pay scale being offered in various occupations. Lead him to realize the alternatives open to him and the advantages and disadvantages he may find in them.**

# THE BAPTIST WORKER AS A MEMBER OF A REHABILITATION TEAM

*William E. Davis*

Since my first contact with the deaf was in a Baptist church and my initial training in the field was under the direction of Baptist interpreters and missionaries, it is only natural that I should have a warm spot in my heart for interpreters and missionaries and the important role they play in the lives of the deaf people whom they serve. It is also natural that I have given thought to the interpreter and missionary in relation to the habilitation and rehabilitation of the deaf since I myself served as an interpreter and director of the deaf ministry in a Baptist church before coming into the field of vocational rehabilitation.

Since this is a Baptist Workshop, I am going to approach my topic from the standpoint of the interpreter. I believe I am safe in saying that the work Baptists do among the deaf is heavily dependent upon the services of an interpreter. In fact, it could not function without the interpreter. There are a few full-time ministers to the deaf in churches located in metropolitian areas with enough deaf people to support such a program. However, most of our ministries are in churches and cities which do not warrant a full-time minister and, in fact, could not support such a person. Anything I say about an interpreter can also be applied to the minister to the deaf. I recognize, too, that several of our States have a missionary to the deaf who is valuable in the rehabilitation process. Time will not permit me to single out references to the missionary, but we can apply many of the things I will outline to the missionary.

First of all, we need to understand the work of an interpreter. The dictionary defines an interpreter as "one who acts as an interpreter between speakers of different languages; one who explains". Let me assure you that this definition is far from complete in the sense the term "interpreter" is used among Baptist. His responsibilities go far beyond interpreting for a worship service on Sunday; in fact, this is only the beginning. I have found that in Tennessee, church interpreters are usually the only interpreters in a city or an area. Often there is only one interpreter to serve a sizeable group of deaf people, and their activities are many and varied. During a normal week the interpreter will probably visit deaf people in the hospital, go with a deaf friend to see a lawyer about a legal matter, spend a day interpreting in court, be called upon to advise in a domestic matter or interpret for the pastor when he is called into situations which involve his deaf membership: funerals, weddings, visitation and counseling. The interpreter does all these things — not because he is qualified in all these areas, but because there is no one else who can adequately communicate. Yes, the interpreter finds himself busy interpreting for all sorts of situations. Let me add that in 99.44% of the cases the interpreter does all of the interpreting without pay and, too many times, to the neglect of his family. Our hats off to interpreters; they serve the deaf out of a heart of love and concern.

I have said all this to try to point out that when a deaf individual is referred to vocational rehabilitation from any referral source and the counselor learns that his client attends church services where an interpreter serves, he has in the interpreter one who knows more about the deaf referral than anyone else in the community. The dedicated interpreter has probably been through "thick and thin" with the deaf individual whom he serves.

First, *the interpreter is a valuable referral source.* When a deaf person starts to have employment problems, the interpreter is among the first to know. The sooner the vocational rehabilitation counselor knows about these problems and can talk them over with the deaf individual, the easier it is to cope with situations as they arise. Many times it is much better for the client to stay on the job than for the counselor to try to find him another after he has quit or been fired. It is important for the counselor to know the reasons for such problems. Are they due to misunderstanding, carelessness, neglect or attitude? Is there a reduction of force and the deaf employee is caught in the group who will be terminated? Does he need medical attention that will enable him to keep his job? An interpreter who gives information like this to the counselor is a valuable asset to him as he tries to serve the deaf client.

Second, the *interpreter can serve as interpreter for the vocational rehabilitation counselor* in cases where the counselor cannot communicate manually. This is not always necessary, but it speeds up the initial interview greatly.

Third, *the interpreter can aid greatly in the initial investigation and evaluation of the client.* We have already said that the interpreter probably knows more about the client than anyone else in the community. When the interpreter is assured of the counselor's confidence in these situations, he is more than glad to work with him in this important phase of the rehabilitation process.

The interpreter can tell the counselor whether or not the referral is dependable, how he has performed on past jobs if there is a work history, whether or not he feels he will carry through on a training program, something of his character, and an idea as to how the gets along with other people. The counselor will want to know something of the stability of the referral. Is he easily influenced and led astray or does he have the emotional stability to stand on his own two feet? Does he flit from one thing to another or does he follow through on things he begins? The interpreter will more than likely know these things.

In my estimation that is an important phase of our evaluation of a client. It not only guides us as to where to begin with our counseling, but gives us an idea as to the kind of cooperation we may expect.

Fourth, *the interpreter can help when the counselor is not on the scene.* Occasionally a client will be in a training program and the prognosis is questionable unless constant supervision and counseling are provided. I have found that a good discussion with the local interpreter, with the request that he talk with the client periodically, is extremely helpful. Keep in mind that when a deaf client is in a training program out of the counselor's territory, there are few people who can adequately communicate and help with these problems. There are times when an interpreter can make suggestions regarding boarding facilities and recreational activities of the deaf in the area. Interpreters are generally more than glad to be of assistance in these cases.

Fifth, *the interpreter can be helpful to the counselor in follow-up.* All counselors experience difficulty in knowing when and where a client has gone to work, how much he is earning, and how he is getting along on his new job, especially when the client is working out of the counselor's territory. This is information we must have. Interpreters can get this information for us if we will just ask them. Ordinarily, I try sending a card to the client requesting this information. If this is not possible, or if it fails, I write a note to the interpreter in the area — if there is one — and he comes through with the information I need for my case folder as well as a report on how the client is getting along in his new job. This type of help is extremely valuable to the special counselor for the deaf, since he serves a large area and will have more difficulty in keeping a close contact with his client.

Sixth, *the interpreter can be a valuable asset in job finding and placement.* Most interpreters have been serving in the same church for a number of years. This means that they know the business establishments that have employed the deaf across the years. By the same token, they know the business people in their own church, and in other churches in a city, who look favorably upon employing the deaf. The "deaf world" is a small one. Those who work among the deaf know them, their associates, where they work, and their activities in general.

These suggestions are actually not primarily ways the interpreter, minister to the deaf or missionary to the deaf can help the vocational rehabilitation counselor. They are suggestions as to how the interpreter can enlarge his services to the deaf. So, in reality, our efforts are all channeled in the same direction — the deaf individual. The general vocational rehabilitation counselor will have a large caseload of clients, only a small percentage of these being deaf. He will not be able to communicate manually with his deaf client and would be the first to admit his need for the interpreter's services. As for the special counselor for the deaf, he will probably be able to communicate adequately, but he needs your help, too. Just as the ability to communicate orally with your family and friends does not eliminate all your problems, being able to communicate with the deaf does not eliminate the counselor's problems or the problems of his deaf client — it just makes him aware of them.

The Bible teaches that no man lives to himself and no man dies to himself. May I take the liberty of applying this basic truth to the work of the vocational rehabilitation counselor? No vocational rehabilitation counselor can rehabilitate people by himself; it takes the help and cooperation of many resources. In the case of the deaf client, I believe the interpreter, minister to the deaf, and missionary to the deaf are valuable members of the vocational rehabilitation team.

# THE BAPTIST WORKER AS A MEMBER OF A REHABILITATION TEAM

*Charles A. Fanshaw*

The object of this report is to relate the local church interpreter to the over-all picture of the vocational rehabilitation of the deaf. We shall attempt to illustrate several different functions and/or services the interpreter can make available to the Vocational Rehabilitation Administration.

Ideally, the local interpreter stands ready to assist the local rehabilitation counselor in any way his special talents are needed. The interpreter could conceivably provide assistance in many areas of rehabilitation, and sometimes must do so. Sometimes the deaf will approach the interpreter first because of the rapport between the interpreter and deaf and because of the poor image the deaf often have of the Division of Vocational Rehabilitation. However, a sense of professional respect and competence must be maintained. The interpreter should not visualize himself as a qualified rehabilitation counselor. Neither should the counselor visualize himself as adequately understanding the deaf. An air of compatability must be maintained if the future well-being of the deaf client is the ultimate goal. Areas in which the interpreter for the deaf can assist are as follows:

1. *Case Conferences.* A great deal of the success of vocational rehabilitation would seem to depend on the relationship between the counselor and the client. This relationship generally grows from a mutual understanding of and mutual respect for each other. Ordinarily, understanding and respect are built on the bridge of language. If a client is deaf and the counselor can hear, a communication barrier is present. At this point the person skilled in the language of signs can be of the greatest assistance.

2. *Case Finding.* Usually a deaf person will have one or more deaf in his family. If the rehabilitation counselor is to get an adequate picture of the deaf client, the services of an interpreter are

needed in this area also. Frequently, the caseload of a counselor is so large that it could be relieved somewhat by the volunteer worker (after instruction) working with the deaf family.

3. *Job Finding.* One source of assistance the interpreter may be for the counselor is in the field of job finding. Because of his knowledge of the deaf, his understanding of their limitations, and his special interest in the general well-being of the deaf, the interpreter will give more attention and interest to the deaf and their employment. This is not an indictment of the vocational rehabilitation counselor, but it is understandable that, because his understanding of the deaf and his communication with the deaf are limited, he will tend to concentrate his attention on easier cases. This is a normal reaction. Another reason the interpreter for the deaf could be valuable in this area is that usually he is associated with a large local church. He may have contacts with potential employers for the deaf within the church membership. This is especially true if the deaf person is a member of the same church as the prospective employer.

4. *Follow-up.* An important aspect of vocational rehabilitation is the follow-up program. This program tends to demonstrate continual interest in the individual after the bulk of services is rendered. With the deaf a large amount of follow-up is needed. The interpreter will often have time to assist the counselor.

## The Relationship of the Interpreter to the Special Counselor

The counselor to the deaf by the nature of his job is trained in special aspects of the work with the deaf. However, he is limited in the performance of this work by the amount of time and the great amount of travel required in his services. The local interpreter to a great extent can serve as an extension of the arms and hands of this special counselor. By using the local interpreter, the local counselor can have the help he needs readily available, not having to wait for the special counselor to come into his area. This may alleviate some of the feelings the deaf have for the Division of Vocational Rehabilitation, mentioned previously.

## Relationship of the Area Missionary to the Special Counselor and His Work

The area missionary's role in vocational rehabilitation is not that of another special counselor. Because of his special training and knowledge of the deaf, he could be used as a consultant. Many of the problems of the deaf are in the area of social adjustment. The missionary, because of his training and experience, is equipped to deal with such problems.

The missionary uses the counseling approach when dealing with the deaf individual. Thus the missionary could assist in this type of counseling, when needed.

### The Relationship of the Missionary to the Evaluation Center for the Deaf

The missionary to the deaf can offer the same type of counseling mentioned above, but the opportunities for service are more frequent and varied.

As a member of a case conference team, the missionary can contribute information about facets of a particular deaf client's personality which would have bearing on ultimate rehabilitative success or vocational rehabilitation decisions concerning feasible vocational objectives.

At times the missionary can achieve rapport or a better counseling relationship with a client than can members of the central staff. Valuable contributions and insights about the deaf person can be given by the missionary if he is an accepted member of the team.

To summarize, the local interpreter stands ready to help the vocational rehabilitation counselor succeed in his task of assisting the deaf achieve their goals in life.

# THE BAPTIST WORKER AS A MEMBER OF A REHABILITATION TEAM

*Charles W. Horton, Jr.*

All of us have heard about rehabilitation, but not all of us really understand how it works or what its aim is. The purpose of this workshop is to explain what rehabilitation means for the handicapped and what it can do for them if all the pieces of the puzzle are fitted into their proper places.

Rehabilitation is a process. In Latin, "rehabilitate" means to re-create expertness of skillfulness. Actually, if we should accept the meaning of the word "rehabilitate" as the goal toward which to direct our clients, we would fall far short of fulfilling our mission. We take pride in helping many of our clients rise far above the state (or status) in which they lived and performed prior to their disablement. Moreover, for those who have never been employed, we are responsible to help them attain skills that will insure status based on producing goods or providing services instead of living as parasites upon society.

Rehabilitation of the deaf is done in many States and communities by a Baptist minister, a Baptist worker, a rehabilitation counselor, who knows a little language of the deaf, and a specialized counselor for the deaf, However, these are not enough. Too many things are done in an isolated manner. No one knows about what the other is doing, and often cares little. An operation of this kind brings hurts to the deaf.

This question may be asked by the Baptist worker, "How can we assist the rehabilitation counselor?" From the standpoint of the specialized counselor let us observe a few suggestions. We need referrals accompanied by a cover letter of information. This letter of introduction contains simple but important facts. When we know something about the individual, we can more quickly put him at ease and obtain the basic reasons for his being unemployed. The high points of your prereferral conversation should be included in the letter. We will get his medical reports, secure his school and work records and seek to counsel with him. When we have a good grasp of the facts concerning this person's mental and physical capabilities, we will provide needed guidance and try to train him for proper employment.

It is not the intention of the counselor to withhold information from the person making the referral, provided the information is pertinent in bringing about a gainfully employed individual. However, information concerning the various stages of progress will not be shared unless requested in the initial letter introducing the client.

Because of large caseloads, or the urgency of the matter, we counselors need your assistance. The knowledge and skills of the Baptist worker are invaluable. Your ability to interpret can help us help a client become properly examined by a doctor. You can publicize the work talents, skills and productivity of the deaf. You can provide good public relations for the deaf and the rehabilitation system in your community by speaking with employers who have not hired the deaf.

A good way to do this is by quoting examples of factories, companies and agencies that have had good experience with a deaf worker. Then, when a person is properly trained, the matching of talent and job can be made successfully.

Baptist workers and interpreters can be helpful in other areas also. After a client has made his initial visit, they can help the counselor get the client to see his area of limitation. This would include planning for realistic work positions and encouraging him to strive for greater heights.

Many deaf students possess the intellectual ability to go to college and could possibly succeed, but they lack parental encouragement. Others possess the desire to attend but do not have the intelligence, ability, or self-motivation to succeed.

Assistance is also needed in helping the new deaf employee learn what his employer expects of him, before a misunderstanding arises. Be available in assisting the employer when he wishes to discuss an important matter with his deaf worker. In most instances, the counselor performs such a task. However, occasions arise when a number of things must be done at the same time.

Next, counselors desire your help in conveying the information that rehabilitation is a training and job-placing agency for those we have sponsored. We are not an employment service program. Nevertheless this has been done occasionally, when a good position becomes available and a deaf person in the community fulfills the requirements. I am sure that you will find most counselors are in favor of upgrading the job opportunities for the deaf.

However, they do not support frequent changing of positions in a short period of time.

There are many people who are ready and willing to help the deaf become trained and gainfully employed, and will help if given a little assistance. Most of you have heard the following phrase many times, "I certainly wish there was something that could be done for so and so". We, as trained counselors know that in most cases there is something that can be done. We also know that many times it takes only a little push in the right direction to ignite the spark of enthusiasm and hope for him who finds himself at odds within a so-called normal environment.

Guidance and counseling, not only for the client but for the community and State, is a ready-made feature of our Western way of life. Since the majority of our people hold to the precepts of a Judeo-Christian society that all men want and need to help their fellow men, there is little left but for an alert and active counselor or interpreter to give them direction. Once this direction and leadership are set forth, the vocational rehabilitation program becomes a positive force in a community. This program is nothing more than a program of education and service geared to the level of the individual and the local community. Remember, a community that is well served by vocational rehabilitation is a community that works for and with the vocational rehabilitation counselor.

# THE BAPTIST WORKER AS A MEMBER OF A VOCATIONAL REHABILITATION TEAM

*James H. Whitworth*

In times past, vocational rehabilitation has often failed to take advantage of the services of the local interpreter for the deaf and at times even ignored this very valuable resource person. At the same time, the local religious worker has often failed to be cognizant of the role occupational rehabilitation can play in rendering services to the deaf. They and the deaf have often been critical of the seeming indifference sometimes exhibited by the rehabilitation counselor. We have heard these ideas, both general and specific, expounded here in the last few minutes. Let us hope that out of this Workshop will come a mutual understanding which will, in the main, eliminate these problems and establish lines of communication. We are not saying that the past is dark as much as we hold that the future can be brighter.

As you know, workshops similar to this have been held in the past for the Catholic, Episcopalian and Lutheran churches. Results of those conferences have been good and I think we can benefit from the experiences of those meetings.

We have heard from men who, as a result of their training, experience and background, bring to this panel an understanding of the problems and ideas for possible solutions. I can add little to the concepts expressed except, perhaps, to give a summation in an attempt to set a tone for later discussion.

We are concerned here, of course, with two disciplines—the Baptist worker and the vocational rehabilitation worker. For a moment, let us consider the types of Baptist workers for the deaf. There is, of course *the interpreter* — the individual who, generally on a voluntary basis, works in close relationship with a group of deaf people in a local church or churches. These interpreters run the gamut from teen-agers who have deaf parents, or who have just learned sign language because of an adolescent interest, to learned adults with Ph.D. degrees. These interpreters may be competent or they may be novices. They may be interpreters because of a genuine interest in deaf people and a desire to serve or they may be working with the deaf because they have found it fulfills deep-seated emotional needs in their own personality.

The next type of Baptist worker with the deaf is the *State missionary*. This is a man who usually has at least his B.D. degree which is equivalent to a Master's degree, and who functions adequately in a professional capacity, possesses the know-how to communicate with the rehabilitation counselor on his own level and contributes substantially to the vocational rehabilitation process.

Last, we have the *Baptist field worker* with the deaf. This position is now held by a member of our panel, who is a man of such caliber and training that he can be considered a competent member of *any* team.

To vocational rehabilitation, the religious worker would be in association with perhaps four types of rehabilitation persons. First would be the *local counselor*, the man who has responsibility in a particular area of the State or county. This man generally carries a caseload of more than 200 people, only a small percentage of which may be deaf. Also, he is often required to close a substantial number of his cases during the course of each fiscal year as successfully rehabilitated. Unless this man is extremely interested or unusually qualified, the typical deaf case that comes to him presents a substantial barrier both in communication and time requirements.

Second, the Baptist worker may come in contact with the *special rehabilitation counselor* to the deaf. This man almost always has a knowledge of sign language and some understanding of the special characteristics of the deaf. The work of the special counselor may be in one of three areas: (1) he may be responsible for a large metropolitan area, with his caseload consisting of deaf and/or hard of hearing only; (2) he may carry a caseload of deaf only, but have the responsibility for an entire State or district; or (3) he may be called counselor to the deaf but in reality be a *consultant for the deaf*. He may travel the entire State or district but serve as an advisory consultant or in an assistance capacity to the local counselor who continues to provide services.

Third, the Baptist worker to the deaf may have dealings with the *area supervisor* who has administrative supervision over a number of counselors within an area. Quite often the counselors refer interested people to these supervisors for borderline or extraordinary decisions. Sometimes the interpreter may have to explain the case in detail to the supervisor.

Finally, it is conceivable, with the trend in the development of rehabilitation centers, that the Baptist worker will have contact with *staff personnel* in these centers. The staff personnel generally provide services to deaf clients of rehabilitation who are referred to them by one of the three men mentioned above. Here the religious worker can begin to function as a member of a team as they meet in case conferences concerning clients in the center. This method is used in some of our southern States such as Georgia and Tennessee.

The "Rehabilitation Team" is made up of many persons from many disciplines, all of whom contribute, in one way or another, to the ultimate rehabilitation of the individual. Sometimes these members may actually come together as a group to hold a case conference on a particular client. More often than not, however, they contribute the service of their specialty in such a way that it dovetails with the "team process" without their ever actually meeting with the total group. In the case of the deaf client, this team may consist of the DVR counselor, interpreter, otologist, audiologist, speech therapist, teacher, psychologist, social worker, placement specialist, employer.

Needless to say, the first requirement of any intra-disciplinary cooperation is communication. Each of the principals involved must have an understanding of the philosophy, methods and limitations of the other. There must be a candid and clear exchange of information and, at the risk of being trite, the transmission and reception of this information must be at the professional level.

The day is gone when the interpreter or counselor can adequately be a "one-man" team. The needs are too great and the opportunities too many for one person to continue to think he has *all* the answers.

The interpreter must examine his work with the deaf. He must upgrade and professionalize himself and his attitudes. In his contribution to the "team" approach, he must try to be objective and let his actions in regard to the deaf person be determined by his head as well as his heart. He must give the deaf people in his group as much independence as they can handle, even if it means giving up their dependence on him and its accompanying ego-satisfactions. The interpreter must help the deaf person mature. It seems to me that the concept of "my little group" or "my deaf" does not lend itself to effective rehabilitation procedures.

To be a member of the rehabilitation team, the interpreter must know the DVR counselor and feel free to communicate with him. Care must be taken not to monopolize the counselor's time, however. I will not attempt to enumerate the various ways in which an interpreter can assist the counselor and, consequently, the deaf. I will, however, say that in most cases if the interpreter shows he is competent and is willing to try to understand potentialities and limitations of the DVR, he will be welcomed by the counselor. Remember the counselor has the means at his command to make come true many of the dreams that the interpreters have had for the deaf.

The DVR person must have knowledge of the interpreters in his area. He can contact State denomination headquarters or known deaf in his area to obtain names. He should realize that the interpreter is not just a "religious fanatic" but a resource person of great potential value. The time it takes for him to orient the interpreter to DVR procedures and requirements is a good investment. The dividends in referrals, evaluation, information, placements, follow-up services and successful closures are in proportion to the amount of time spent cultivating this resource. Perhaps one way vocational rehabilitation can assist both itself and the interpreter would be to establish a consultative fee schedule for interpreters just as it has for other consultants. This could be both on a regularly scheduled basis and on call, as the need might arise. This would tend to make the rehabilitation counselor realize that here is a service worth paying money for so it must be worth something. It would make the interpreter feel that his services were needed since he was receiving money for them. Therefore, he would continually find ways to improve his services.

Rehabilitation work does not need an interpreter on all deaf cases served. Neither does an interpreter need to refer all deaf people to DVR. There are exceptions all the time. However, in these times of automation and multiple-handicapped deaf, these exceptions are becoming fewer.

The deaf person is worthy of the best possible service which can be rendered to assist him in becoming an independent, contributing citizen. To accomplish such a purpose, all persons interested in the deaf must work together. Thus it follows that the Baptist worker and the rehabilitation person can be a member of the same rehabilitation team. This echoes not only a social and a moral imperative, but, more importantly, a Divine imperative.

# RECOMMENDATIONS FOR ACTION

I. To church workers

1. Teachers and church interpreters should know which services are available from vocational rehabilitation.
   - (a) A vocational rehabilitation speaker may be invited to explain vocational rehabilitation programs to a church or groups of churches with deaf persons in their membership. This information may be channeled to Baptist deaf through publications of Southern Baptist Conference of Deaf and State organizations of deaf.
   - (b) Church workers need to be personally acquainted with local vocational rehabilitation counselors.
   - (c) Church workers are requested to make referrals to vocational rehabilitation counselors as the need arises but are cautioned not to try to interpret the vocational rehabilitation program to deaf persons.
2. Church workers should make efforts to improve public relations on the local level, directing attention to prospective employers of the deaf and emphasizing advantages of hiring the deaf.
   - (a) Businessmen in church membership may be educated to the advantages of hiring the deaf.
   - (b) Vocational rehabilitation counselors may be notified of local job opportunities for the deaf.
3. As time permits and need arises, church workers should volunteer to serve as interpreters for vocational rehabilitation counselors.
4. New interpreters for the church and community should be trained regularly in a sign language class which is open to the public.

5. Churches of all faiths who minister to the deaf in a community should unite their efforts to meet needs of the deaf more adequately.

6. Vocational rehabilitation should be encouraged to process deaf persons before they become destitute.
    - (a) The deaf need to be educated to indicate their needs before destitution.
    - (b) Church workers should not intervene in behalf of the deaf unless they are certain counselors are not doing their job.

## II. To Vocational Rehabilitation Agencies

1. To local counselor
    - (a) The work of the counselor may be easier if he develops a friendly working relationship with volunteer church workers. Their names and addresses may be secured by contacting local churches and deaf organizations.
    - (b) If the services of a church interpreter are needed, the counselor should acquaint the interpreter with the established fee schedule.
    - (c) The counselor should do what he can to process the deaf client before he becomes destitute.
        - (1) The counselor may determine the need in advance so he can act more quickly and more intelligently in behalf of the client.
        - (2) He may secure the medical information, etc., as quickly as possible to facilitate processing.

2. To State
    - (a) The possibility of establishing an advisory committee with a representative from each organization concerned with the welfare of the deaf should be explored.
    - (b) Specialized counselors for those with impaired hearing should be secured in each area of the State, if possible.
    - (c) Fee schedules of interpreters used by vocational rehabilitation counselors should be established.

3. To Regional
    - (a) The possibility of holding occasional regional or State workshops with church leaders of all faiths, vocational

rehabilitation people and social work agencies, including the deaf and hearing, should be explored. These workshops should be organized, planned and sponsored by vocational rehabilitation personnel along lines similar to the one held in Knoxville.

4. To National
   - (a) All phases of meaningful research concerning the deaf need to be stepped up.
   - (b) Results of past research concerning needs of the deaf should be made available to denominational educational leaders.

# "LIGHTS GO ON FOR THE DEAF"

## The Story of Adult Education Classes for the Deaf in Southern California

*Ray L. Jones*

Let me begin by introducing two co-workers who are in the audience today and who have made significant contributions to the story I have to tell. First, allow me to introduce Mrs. Faye Wilkie, interpreter in the Leadership Training Program in the Area of the Deaf at San Fernando Valley State College at Northridge, California, who for many years has interpreted for the deaf in many of your denominational services. Mrs. Wilkie has the unique position of being perhaps the only person who is employed to interpret for deaf students in a college graduate program. Without Mrs. Wilkie's assistance today the story I have to relate would reach only the hearing members of this audience.

I want, also, to introduce my good friend, Reverend Francis Fraize, Minister to the Deaf at the First Baptist Church of Van Nuys. Without Reverend Fraize's assistance and encouragement, and without the cooperation of his fine congregation of deaf persons, there would be no adult education classes for the deaf in Southern California to tell you about today.

In an era of national concern for the "culturally deprived", the "disadvantaged" and the "educationally handicapped", it is appropriate that our attention today should focus on the educational needs of adult deaf persons. It is my belief that this is the most neglected, the most disheartening, and therefore the most challenging area in public education today.

There are few communities in America which do not keep the schoolhouse lights burning at night for adults of the community who recognize that "lifelong learning" is essential if they are to keep pace with the "explosion of knowledge" in our present world. It is significant that each year thousands of adults receive high school diplomas through formal adult education classes. Today adult education is a vital part of our system of free public education, and in the immediate future its importance promises to be even greater.

The necessity of expanding adult education opportunities in our communities is dramatically supported in a recent issue of *Focus,* a publication of the National Association of Public School Adult Educators. In this publication, the following factors are identified which make adult education not only desirable but an absolute necessity for economic survival.

(a) America's eleven million adults who are functional illiterates find it almost impossible to learn marketable skills because they cannot read or write as well as average fifth graders.

(b) Children whose parents have little respect for education, or who failed themselves to complete a basic education, tend to adopt a disrespect for education. Undereducation breeds undereducation, and the problem is perpetuated.

(c) Automation and computers are here to stay and will continue to force displaced workers to learn new skills. It has been said that computers now have the equivalent of a high school education and can thus take over the jobs formerly held by those with only a high school education. Workers thus displaced must either be retrained for more highly skilled work or placed on public assistance rolls. It is an established fact that it is far cheaper and wiser to educate and retrain than it is to rehabilitate.

In light of the above facts, the economic plight of deaf persons is even more desperate. The following three points will illustrate:

First: At the 1963 International Congress for the Deaf, Dr. Marshall Hester, Superintendent of the New Mexico School for the Deaf, gave a report on the educational achievement of deaf students in day and residential schools for the deaf. In the chart below, the achievement scores of the "school leavers" during the 1961-1962 school year are identified.

### Achievement Test Scores for 1104 School Leavers 16.0 and up from 55 Residential and 9 Day Schools or Classes in the United States During the School Year 1961 - 1962

|  |  |  |  |  | Grade Equivalent of Achievement Test Scores |  |  |
|---|---|---|---|---|---|---|---|
|  | N | Range | Median | Mean | Range | Median | Mean |
| Graduates | 501 | 16.0–23 | 19.1 | 18.8 | 3.1–12.8 | 8.2 | 7.9 |
| Nongraduates | 603 | 16.0–23.7 | 19.0 | 18.6 | .9–10.5 | 4.7 | 4.7 |

Note that the "average" deaf student who terminated his education prior to graduation left school with fourth grade achievement scores. The "average" deaf student who graduated from the day or residential school had eighth grade achievement scores.

Second: In an article recently submitted for publication, Dr. Hans Furth, a psychologist at The Catholic University of America and one of the nation's foremost authorities on language development of deaf children, reports on the reading achievement of deaf pupils. The scores and grade equivalents for more than 5,000 deaf students between the ages of 10½ and 16½ are reported below.

**Silent Reading Achievement of Deaf Pupils Compared to Grade Equivalent of Hearing Norms**

| Age | N | Mean Raw Score and S.D. | Mean Grade Equivalent | Median Grade Equivalent | Per Cent Scoring at Grade |
|---|---|---|---|---|---|
| 10½–11½ | 654 | 12.6 (8.1) | 2.7 | 2.6 | 1 |
| 11½–12½ | 849 | 14.9 (8.5) | 2.8 | 2.7 | 2 |
| 12½–13½ | 797 | 17.6 (9.1) | 3.1 | 3.1 | 6 |
| 13½–14½ | 844 | 18.7 (9.3) | 3.3 | 3.2 | 7 |
| 14½–15½ | 1035 | 20.8 (9.3) | 3.4 | 3.3 | 10 |
| 15½–16½ | 1075 | 21.6 (9.5) | 3.5 | 3.4 | 12 |
|  | (5254) |  |  |  |  |

Note here that the median grade equivalent for the oldest group of students is 3.4 and, in the words of Dr. Furth, "the proportion of deaf pupils who currently reach a functional level of linguistic competence is approximately 12 per cent".

Third: A comparison of the educational opportunities which America currently provides for its hearing citizens and those which it provides for its deaf citizens is most revealing.

For the hearing child who leaves school, either as a "drop-out" or as a graduate, America has provided a wonderful network of schools in which he may enroll (usually without tuition) and continue his education even to the doctoral level.

UNIVERSITIES

4-YEAR COLLEGES

JUNIOR COLLEGES

TRADE-TECH SCHOOLS

ADULT SCHOOLS

PUBLIC SECONDARY SCHOOLS

Now compare this with the educational opportunities America has provided for its *deaf* students.

GALLAUDET COLLEGE

STATE RESIDENTIAL SCHOOLS FOR THE DEAF,

AND PUBLIC SCHOOLS AND CLASSES FOR THE DEAF

For all practical purposes, the average deaf person today terminates his formal education as he leaves the public or residential school for the deaf at the age of 19-20, with achievement scores at or below the eighth grade level and with less than a fourth grade reading comprehension! Is it any wonder that deaf persons as a group are underemployed and live under the ever-present shadow of economic insecurity as more and more of their traditional jobs are eliminated through automation?

In establishing a priority for meeting the educational needs of deaf persons, adult education must be given a high rating for the following reasons.

(a) The philosophy of adult education is to accept students where they are and to offer them a "second chance" to acquire an adequate education. As has been shown, the majority of deaf adults are undereducated and lacking in the essential language skills usually required for admission to colleges or technical schools. Adult education is the one program in America which offers some hope for these people.

(b) Adult education programs offer a wide range of courses, extending from elementary subjects through apprenticeship training in vocational fields.

(c) Adult education programs already exist in almost every community in America today and can be readily adapted to meet the needs of deaf citizens in any community.

Although adult education classes for deaf persons have from time to time been attempted in various cities in the United States, they appear to have been limited to classes in lip reading for deaf people, sponsored by the local "hearing society", or to an occasional class in language. In reviewing the history of deaf education, there does not appear to have been any extensive or sustained interest in adult education classes for deaf persons prior to 1963.

The present interest in adult education classes for deaf persons had its beginning in the spring of 1963 when the ten graduate students enrolled in the Leadership Training Program in the area of the Deaf met with a group of deaf adults in Van Nuys, California, and asked, "While we are in training at the nearby college, how can we best serve your group?" The response was, "We want an opportunity for more education!" A survey was taken by the class to identify the subjects which would be of greatest interest. Those identified included English, Law, Economics, Current Events, Child Psychology and Insurance.

To determine if the deaf community in this area would support adult education classes, it was proposed to operate a "pilot pro-

Figure 1. Total Enrollment

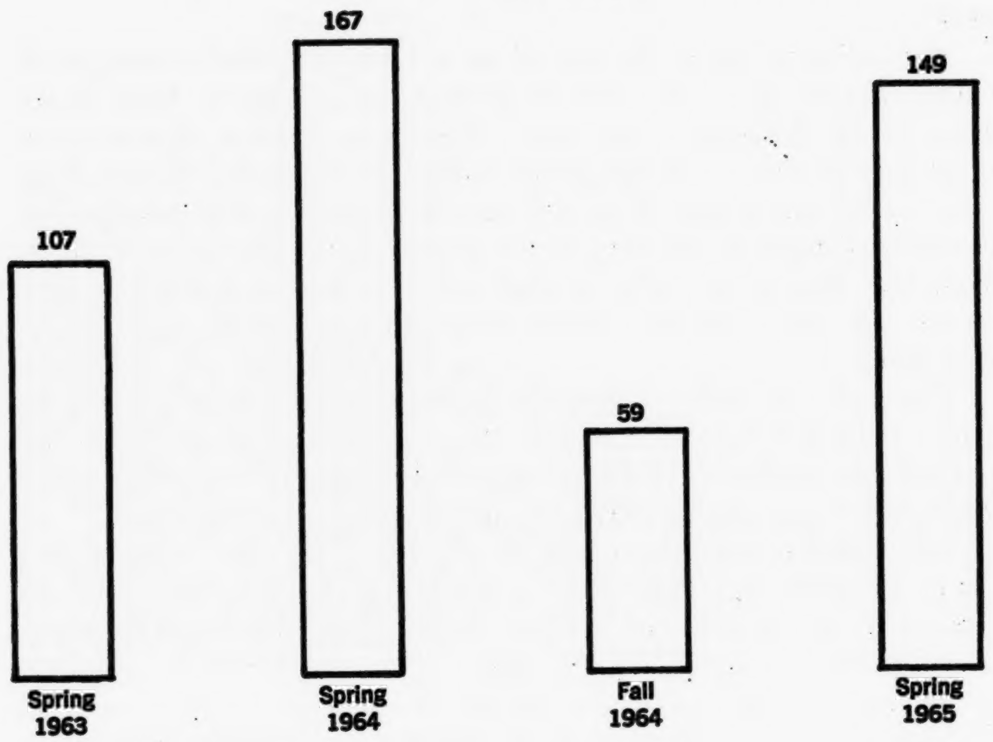
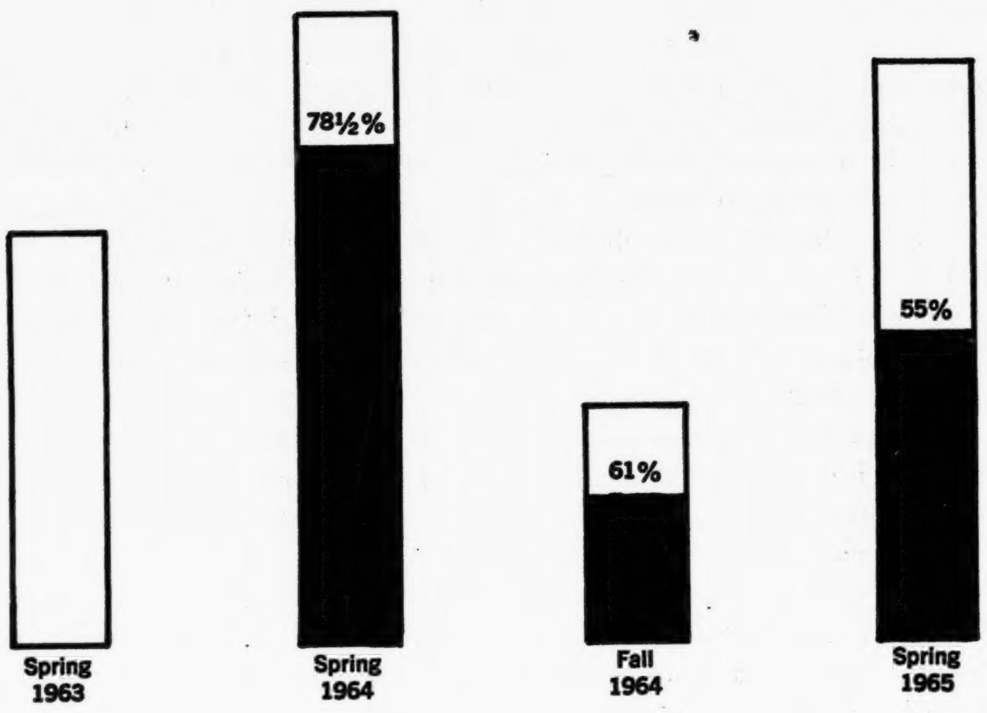


Figure 2. Percent of Enrollees Receiving Credit



gram" of classes to be held each Friday night for six successive weeks.

This pilot program developed as a heart-warming example of community cooperation. The first Baptist Church of Van Nuys, through its Minister to the Deaf, Reverend Francis Fraize, provided the classroom facilities and coffee; teachers and interpreters volunteered their services, with participants in the Leadership Training Program carrying a major share of the load. Women from the church provided cookies, donuts and sandwiches, and served the coffee in the social hour which followed the classes each week.

Teachers for these classes included one deaf person and four experienced teachers of the deaf, who taught by the simultaneous method of speech and the language of signs, and two teachers who conducted their classes with the assistance of interpreters.

An initial enrollment of 30-40 students had been anticipated but 80 attended the first session and the attendance continued to climb, with enrollment reaching a peak of 142. Students came from 35 Southern California communities — with some driving as far as 180 miles per week to attend classes.

Following this six-week pilot program, instructors and interpreters met in a conference to evaluate their experience and to make recommendations for the future. A similar conference was held to get the reactions and recommendations of the deaf participants. Both groups were unanimous in agreeing that the "pilot program" had achieved its purpose and that the urgent need for adult education classes for the deaf had been demonstrated.

In the spring of 1964, a formal "cooperative program" of adult education classes for the deaf was established on the campus of the San Fernando Valley State College under the joint sponsorship of the Leadership Training Program and Los Angeles City Schools, Adult Education Branch.

Eight classes were offered with peak enrollment of 189. In addition to classes in English, Economics and Law, classes were offered in Modern Mathematics, "Sensitivity Training" and Speech Conservation. A formal "Completion Exercise" concluded the ten-week program.

In the fall of 1964, three classes were offered at the Reseda Adult School under the sponsorship of Los Angeles City Schools. Classes included English, Economics and Manual Communication, with a peak enrollment of 56 students.

This spring, classes are operating at three centers in the Los Angeles area. Nine classes operate at San Fernando Valley State College, one at Reseda Adult School, and four at Carson Adult School in Gardena. Total enrollment is 151.

Figure 3. Comparative Holding Power of Adult Education Classes at Reseda Adult School, Fall 1964

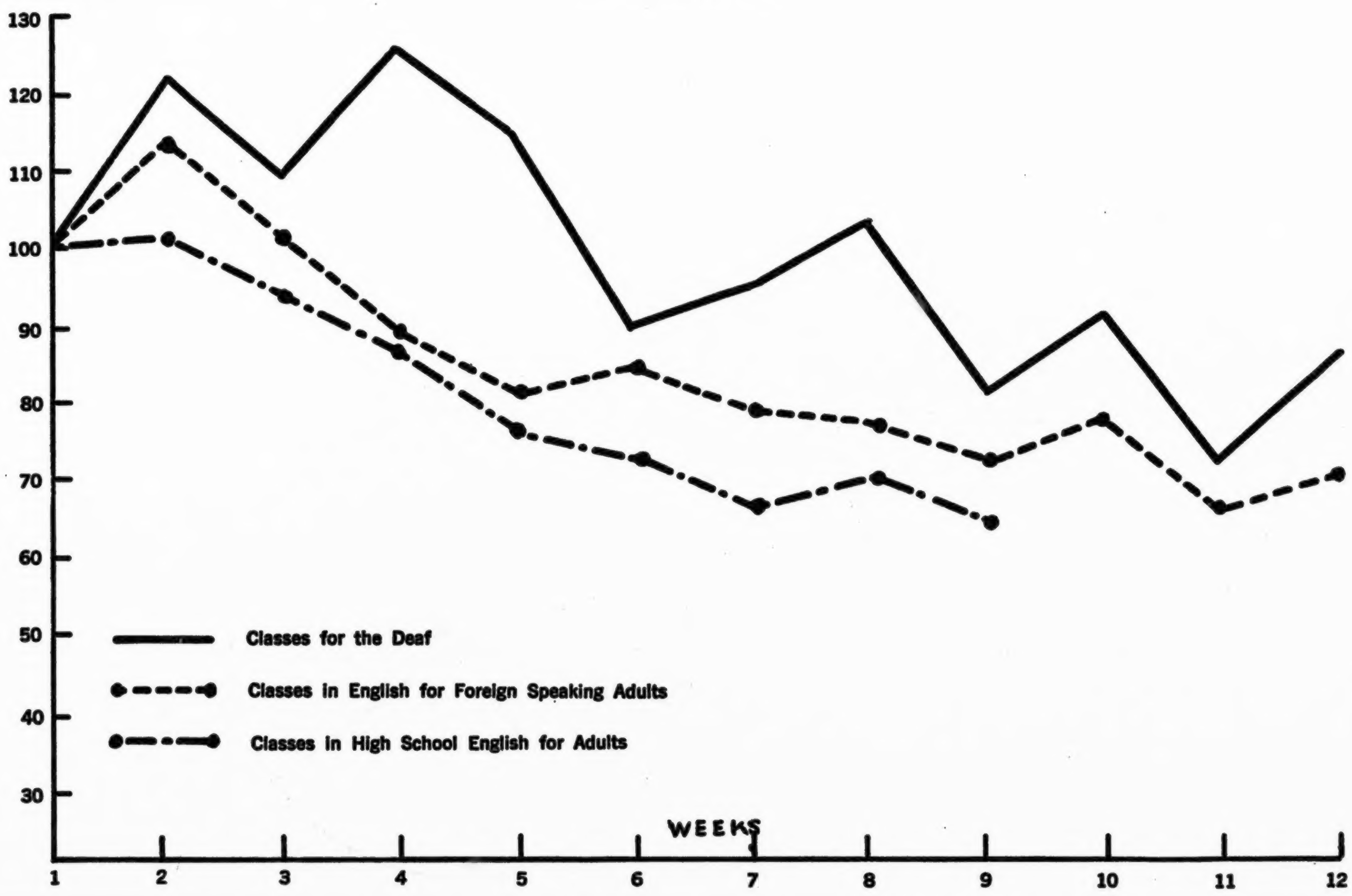


Figure 4. Sex of Students

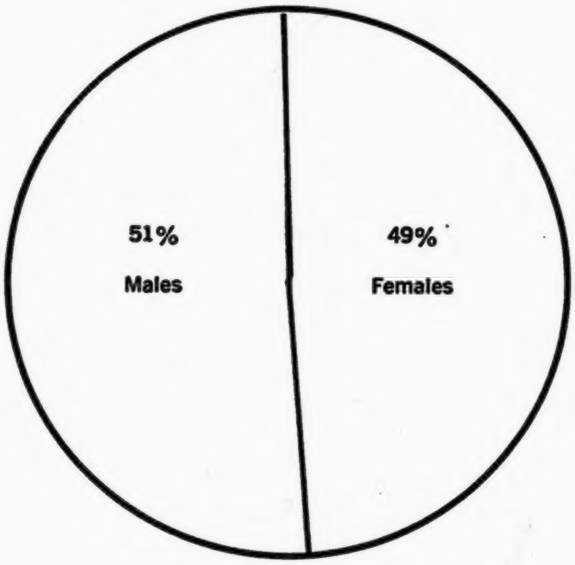


Figure 5. Age of Students

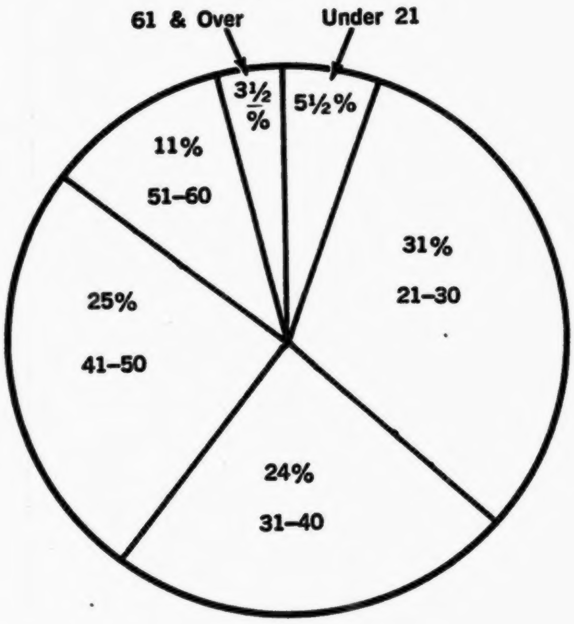
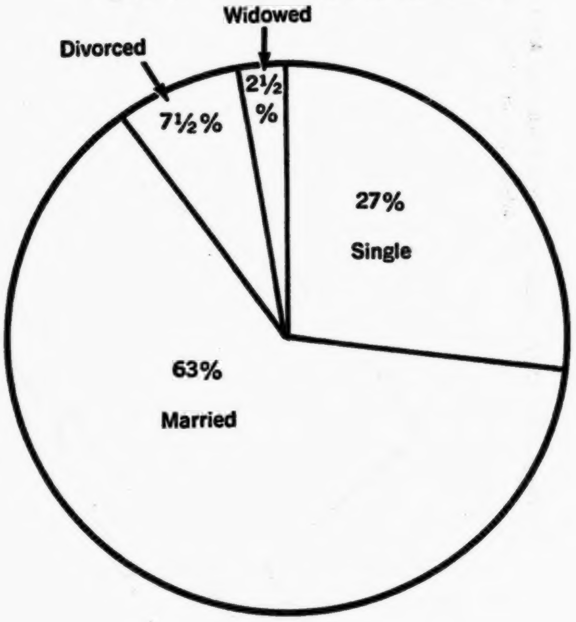


Figure 6. Marital Status of Students



Interest in adult education is now spreading to other parts of the United States. In the fall of 1963, classes were established at Oakland, California, and in Hartford, Connecticut. Salt Lake City opened classes in the fall of 1964, and Minneapolis, Minnesota, in the spring of 1965.

The classes operating in other cities appear to be facing many of the same problems as those operating in Southern California. From these classes, the following general observations and reactions can be drawn:

1. The success of any adult education program depends upon the active involvement and support of deaf persons from the community. These classes must be developed *with* and not *just* for deaf persons. The success of our program can be attributed largely to the support given by an "Advisory Committee on Educational Services for the Adult Deaf" which has helped establish guidelines, publicize programs and build community support.

2. Most adult education classes can be successfully taught using the simultaneous method of communication (speaking and the language of signs), although successful classes have been held with the aid of capable interpreters.

3. The usual adult education requirement of a minimum enrollment of 20 students to justify a class is not realistic in most cities. An optimum enrollment of 15 students and a minimum of 8-10 would be more realistic for most subject areas.

4. Until adult education can be viewed as an avenue to high school graduation and improved employment opportunities, it may be advisable to offer shorter courses of 8-10 weeks in subjects of vital and timely interest to deaf persons of the community.

5. Programmed learning appears to offer considerable promise for adult education classes for the deaf in meeting the wide range of interests and abilities. Existing materials in the mathematics area appear to be promising, but materials will need to be developed to meet the special needs of deaf people in the language fields.

6. A counseling program for students in these adult education classes *must* be provided. More than 75 per cent of students enrolled in our adult education classes have requested educational counseling. Although the counseling conferences have been planned primarily to provide evaluation of transcripts and assist in the formulation of educational goals, counselors have been called on to assist with personal problems which require referral to vocational rehabilitation, the Department of Employment, etc., for assistance.

7. Be prepared for the unexpected. In planning an adult education program you may anticipate an enrollment of 200 and find

Figure 7. Educational Background of Students (1965)

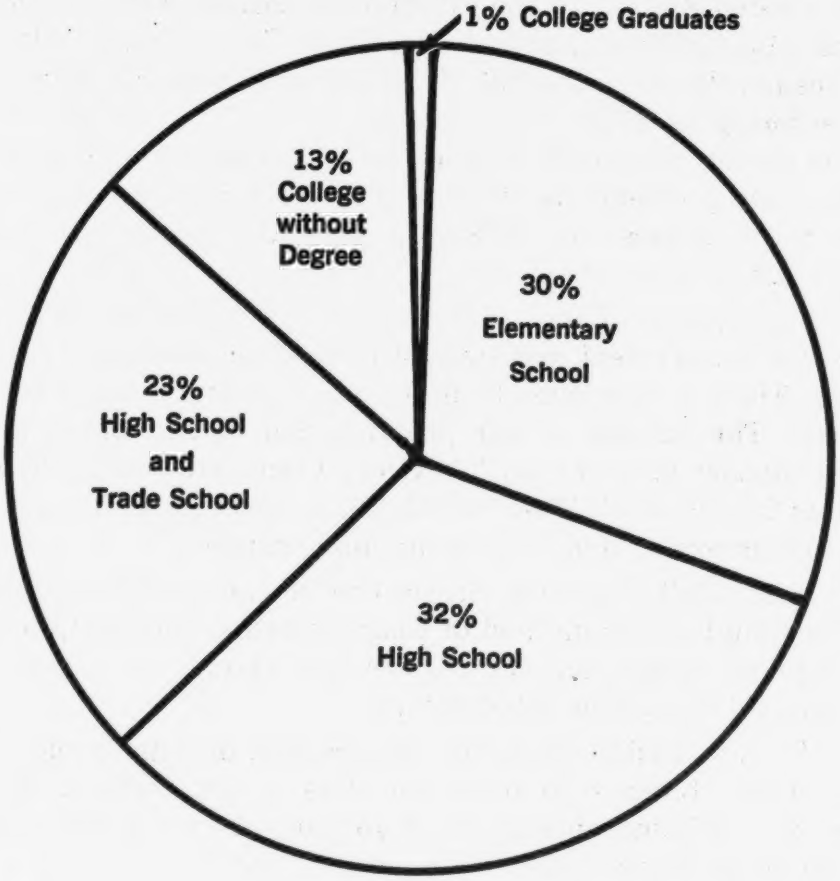


Figure 8. Elementary and Secondary Education of Students

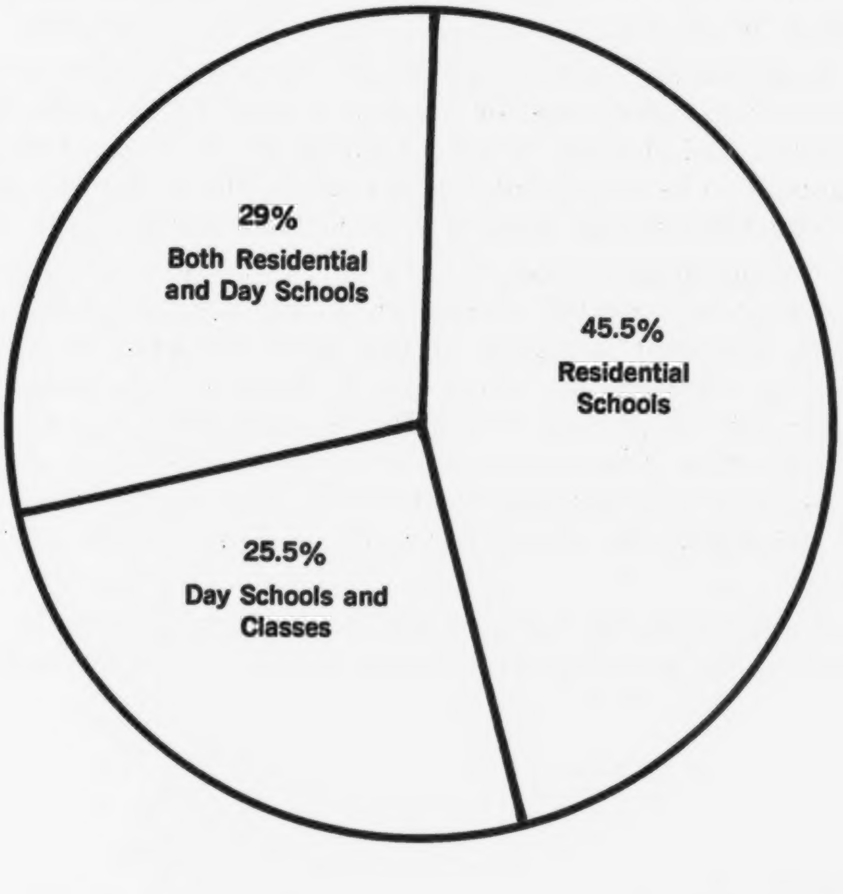
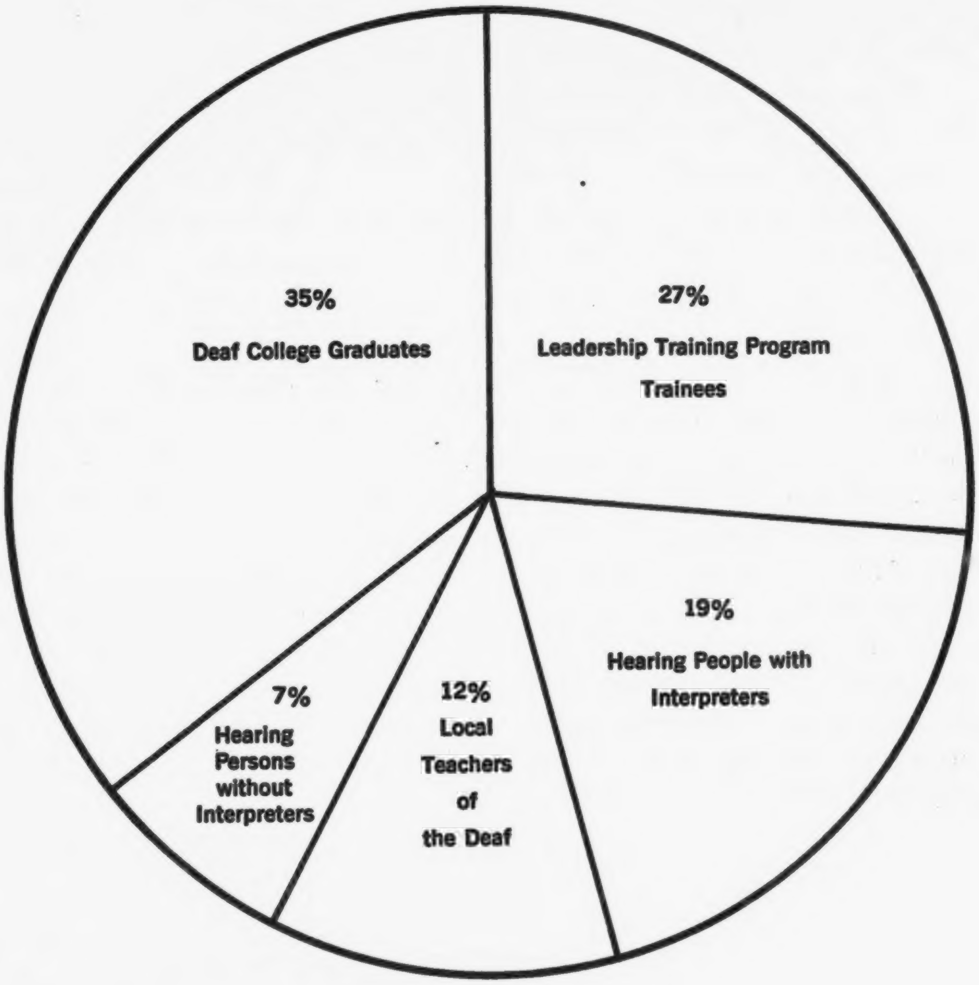


Figure 9. Faculty for Adult Education Programs (1965)



that only 50 register. Or you may plan for 15 and 75 will register. Advance registration does not appear to be particularly helpful in anticipating enrollment.

8. In some of the skill subjects such as typing, art, shop, it may be possible to effectively integrate deaf students into the regular adult education classes.

9. There appears to be a growing interest for a "speech conservation" course in which adult deaf persons can receive assistance in maintaining and strengthening their oral skills.

In conclusion, let me assure you that in three years of exploratory work in adult education classes for the deaf we have barely begun to explore the boundaries of this vast educational wasteland. We are painfully conscious that, for the majority of adult deaf persons, the feeble efforts we are making are both too little and too late! And yet the economic plight of deaf persons throughout America most certainly hinges on their ability to advance educationally. Leaders in the deaf community must look to you who are here today, and to your counterparts in various cities in America, to point the way in developing these opportunities. In the words of one deaf leader, the need for additional educational opportunities for deaf persons is NECESSARY, URGENT, AND IMMEDIATE!

# WHAT NOW?

*Claude M. Andrews*

Our interesting and pleasant visit to Knoxville, Hotel Andrew Johnson, the University of Tennessee, S & W Cafeteria and First Baptist Church has nearly ended. We come now to the final session, the last class, minus diplomas, and with no commencement exercises. I hope you have experienced the same feelings of elation and encouragement that I have enjoyed.

It is interesting to me to remember that my first conference in vocational rehabilitation took place at Chattanooga almost forty years ago. Then we were thinking as we are now thinking about individuals who need help and understanding. We thought then, and I'm sure we know now, that the greatest help we can give an individual is to help him help himself.

I will not bore you with a review of the things you have heard. I think, however, since summarizers are obligated to sum up, that perhaps I will have to ask your indulgence to make at least a few references to what has been said.

Dean Merrill gave us good philosophy and, I believe, he took part of it from Peanuts. I got the message that Charlie Brown diagnosed. The trouble was that he didn't want to know what the trouble was! I think we already know a considerable amount about the trouble, but nevertheless, we can learn more about it.

Mr. McLelland told about the purposes of rehabilitation and gave us a definition of rehabilitation and a considerable amount of history.

Mr. Reese made an excellent presentation of the process of rehabilitation.

Dr. Williams told us about the great need of additional services for the deaf. This theme, of course, has run throughout this conference, particularly with reference to problems of communication and education of the deaf. I think it is well to observe that the problem of communication is not limited to the deaf and for the deaf. One of the great strengths of this conference and one of the things we can certainly say in a "Now what?" is that through this Workshop we are achieving a better understanding of the personalities and resources that are being used in the rehabilitation, education, placement and social and spiritual welfare of the deaf.

Dr. Corder used as his theme the idea of interrelatedness of the various parts of the services to the deaf. He said the spiritual, emotional, physical and vocational — all the separate parts — are really parts of the whole.

Dr. Hedgecock gave us a great deal of information about the physical properties, effect of hearing and measurement of hearing. While this was rather complicated to most of us who work as laymen, I think the information will be very helpful.

Dr. Farkas, who gave us the psychological aspects of deafness made a great contribution.

One thing has run throughout this conference as a real asset. I know now that a great group of people is interested in the deaf. I've been a Baptist a long time and a rehabilitation worker for some years, but I am amazed to know the extent of my own denomination in this work. Now if I, as Director of the State program, am surprised to know about the Baptist work with the deaf, imagine how little people throughout the country know of this work.

The first thing I want to do when I go home is to communicate with Virgil Edwards and others, some of whom I have met here for the first time, and get a directory of people who are working actively in a program related to the deaf. I want to put this directly in the hands of my field staff. They will be way ahead of me, my staff will. Many of them know these people now. Since vocational rehabilitation is a service that is dependent on what other people do, more than on what the counselor or agency might do, I think that such a directory will be a great asset to the Vocational Rehabilitation Agencies. I hope, of course, that such an idea will also be usable for church groups, educators and others who represent different disciplines here.

Yesterday I was greatly impressed by the panel of missionaries, counselors and ministers to the deaf. It seemed to me that this was a group of people who were all working for a common purpose. I think if they hadn't been identified, you would have had a hard time knowing which was DVR and which was Baptist. This is evidence of real cooperation. While we have identified many problems that we are concerned with and worried about, I think we have found much more on the positive side that we can work on. I would like to see us accept the positive note, using what we have, and at the same time, trying to fill in these gaps we are concerned about.

Our recent Governor in Florida got worried about hearing about problems. He said to his office staff, "I don't want to hear about problems any more. I want you to talk to me about opportunities. Don't talk to me about problems; all problems are opportunities. Just use the word "opportunity." One morning he was a little late coming to the office. One of his staff called him: "Governor, there are a lot of things up here that we need your guidance and help on, so I wish you'd come as soon as you can. Opportunities are busting out all over the place."

So I would say, fellow Baptists, Methodists, Lutherans, Catholics and others, let's build on what we've started here, and try to create additional opportunities for the deaf.

# WHAT NOW?

*Loyd Corder*

I think the time has come for us to reexamine the motives that put us to work with and for the deaf. Let us remember that the needs of the deaf person should be central in our motivation. Certainly, I get a great deal of satisfaction out of being able to help someone, especially if the person really needs my help. I don't think there is any sin in getting great satisfaction out of being able to serve people who need us, but let's serve them for their sake and not for ours.

Let's remember our purpose. Our purpose is to improve the well-being of the deaf, to enable them to grow, to enable them to learn, to enable them to enjoy, to enable them to experience and to enable them to obtain. Our purposes are toward the deaf and not toward ourselves.

We serve in the context of a church and of a denomination, and it is right that we should. However, we are not serving primarily for the good of the church. In fact, the church isn't good for anything if it doesn't help people. What we do for the deaf isn't primarily for the good of the church with which we work. It will not, however, do any harm to the church. I am glad to tell you that I have seen churches grow which have taken an interest in deaf people and others who need spiritual help.

We need also to reexamine our limitations. As church workers, we must remember our limitations.

We are limited by the amount of time we can give to this work. We may be able to give a great deal of time or we may have very little time to give. That will depend on whether you are a volunteer worker, earning your living in another way, or whether you are a missionary or pastor, giving all your time to this work. The important thing is to be selective in what is undertaken, not spending time on things that don't count for the most.

Another thing that limits us is money. We are all limited in the amount of money that we can spend on behalf of the work we do. Let's recognize this fact and use what we have in the best way.

At this point, I want to say that just because we don't have money doesn't mean that no one else has any. These DVR people, for instance, might have some. I don't know how much they might have. But may I say this? If I were you, I wouldn't commit any of their money. I'd let them do that. I would, however, give them a chance to spend all the money they have, as far as they are willing to spend it for things that are worthwhile, on behalf of the deaf people I serve.

We are also limited in training and ability. Let's not undertake to do what we are not prepared to do. It's a mistake for an interpreter or a preacher who doesn't have technical training to try to counsel people who have severe emotional problems. It's a mistake for people who have specialized in the field of religion to try to tell people what kind of medicine to take. Let's learn our field, specialize in it, then try to help the deaf secure services of other people who can serve them in areas in which we are not prepared to serve.

Now, I'll come back to remind you that you are a member of a team. You have a responsibility as a citizen. You have a responsibility as a person who has undertaken to help people who have needs. But it is not your responsibility to provide everything they need. Your responsibility is to guide them toward the person or agency that can provide what they need. You also have a contribution to make in civic circles. I daresay one or two of you feel that a suggestion you've made this week may be very valuable in the context of the whole work with the deaf. I've heard some of these suggestions that I thought were valuable. So let's remember that we belong to a team. This team can encompass all the interests and aspects of human life in our society.

I would also remind you that we have a religious purpose, a spiritual purpose, in our service. Our service is spiritual, and our motive in trying to minister to the physical, or the social, or the educational or the emotional needs of people has its apex in the spiritual aspect of life. I think it's perfectly appropriate that the physician, for example, should feel that the minister is on his team. The minister can make a contribution to what the physician is trying to accomplish in the physical well-being of his patient. It is just as important that you as spiritual leaders realize that spiritual matters are your responsibility. These other people are making a contribution to your effort in the spiritual realm. Let's not forget our contribution or minimize it.

Let's remember that we have a relationship to the church with which we work. We have a relationship to the association; we have relationships to the State organization; and we have relationships to the National organization. Some of us have relationships to the agency which provides our support.

I do not need to go into all these things. I just need to remind us that they are important. We need to cultivate them; we need to understand them; we need to use them. At this point, I will say to you who think of yourselves as missionaries or interpreters, and these are technical distinctions: one aspect of your work is to serve the deaf and another aspect is to help the hearing community to understand the needs of the deaf and the opportunities they have to serve the deaf.

One final word: remember that you are related to God in this effort. You are not able to do this job, as it should be done, with your own power and strength — not if you are putting your emphasis on the spiritual aspect of life, for which you have dedicated yourself. This is not the kind of thing that one person imparts to another person out of his own heart and mind. Rather, this is the kind of thing that one person conveys from his experiences with God to another person who needs those kinds of experiences with God.

Now, as we go, let's make the most of what we have — what our relationships give us; what our studying together has given us; what we have learned in other places; what we have received and are receiving from others; what we have received, are receiving, and can receive from God — to do the job that He has given us to do.

# APPENDIX

## THE UNIVERSITY OF TENNESSEE
## KNOXVILLE

*Department of Special Education*
*Workshop for Baptists on Deafness and Rehabilitation*

### ROSTER OF PARTICIPANTS

**OSCAR C. ALLEN**
Pitman Moore & Co.
Indianapolis, Indiana

**ROBERT H. ANDERSON**
Church of Christ at Maywood
Maywood, California

**CLAUD M. ANDREWS**
Director of Vocational Rehabilitation
Florida State Dept. of Education
Tallahassee, Florida

**DAVID A. ANTHONY**, Teacher
Lapeer State Home and Training School
Lapeer, Michigan

**RAYMOND T. ATWOOD**
Research Bacteriologist
Anheuser-Busch, Inc.
St. Louis, Missouri

**HARRY L. BAYNES**
Instructor of Printing
School for the Deaf
Talladega, Alabama

**MRS. LILLIAN F. BEARD**
Interpreter
First Baptist Church
Houston, Texas

**REV. CARTER E. BEARDEN**
Field Worker with the Deaf
Home Mission Board
Southern Baptist Convention
Atlanta, Georgia

**ELIZABETH BENSON**, Dean of Women
Gallaudet College
Washington, D. C.

**MRS. MARY L. BINGHAM**
Director of Deaf
First Baptist Church
Birmingham, Alabama

**REV. ROBERT BOLTZ**
Pastor of the Deaf
First Baptist Church
New Orleans, Louisiana

**MRS. NANELLE BRAGG**
Language Missionary
Baptist State Convention of Michigan
Livonia, Michigan

**WALTER A. BROWN, JR.**
President, Georgia Assn. of Deaf
Ruralist Press, Printer
Doraville, Georgia

**REV. RAY BROWNING**
Minister to Deaf
Indianapolis Baptist Temple
Indianapolis, Indiana

**REV. CLIFFORD P. BRUFFEY**
Missionary to the Deaf
Home Mission Board
Southern Baptist Convention
Jacksonville, Florida

**FRANK R. BRYAN**
Minister to the Deaf
First Baptist Church
Maryland School for the Deaf
Frederick, Maryland

**ANNIE WARD BYRD**
Editorial Coordinator
Baptist Sunday School Board
Nashville, Tennessee

**EUGENE CHAMBERLAIN**
Supervisor, Children's Curriculum
Baptist Sunday School Board
Nashville, Tennessee

**SUSAN CHRISTIAN**
Intermediate Supervising Teacher
Indiana School for Deaf
Indianapolis, Indiana

**REV. JOHN A. COOPER**
Missionary to the Deaf
Home Mission Board
Southern Baptist Convention
Plainfield, Indiana

**DR. LOYD CORDER**
Secretary, Language Missions
Home Mission Board
Southern Baptist Convention
Atlanta, Georgia

**JAY L. COSMAN**
Representative
The United Church of Christ
New York, New York

**C. B. CRIPPEN**
Regional Director
Vocational Rehabilitation
Administration
Memphis, Tennessee

**REV. W. T. CRUTCHER**
Minister
Mt. Olive Baptist Church
Knoxville, Tennessee

**DEAN CUNNINGHAM**, Consultant
Division of Instructional Media
Texas Education Agency
Austin, Texas

**DORIS CUTTER**
Asst. Adult Editor
Baptist Sunday School Board
Nashville, Tennessee

**WILLIAM E. DAVIS**
Counselor for the Deaf
Division of Vocational Rehabilitation
Knoxville, Tennessee

**DR. DONALD DONICA**
Program Associate, Special Services
Division of Health and Social
Ministries
American Baptist Home Mission
Society
Valley Forge, Pennsylvania

**MRS. EMMA L. DUNNAVANT**
Instructional Operator
R. C. A.
Indianapolis, Indiana

**DR. FRANK H. ECHOLS**
State Supervisor
Vocational Rehabilitation
Administration
Tallahassee, Florida

**H. C. EDMUNDS**, Teacher
Tennessee School for the Deaf
Knoxville, Tennessee

**VERGIL EDWARDS**
Interpreter
Post Office Department
Winter Haven, Florida

**MRS. EUGENE ELKES, JR.**
Interpreter to the Deaf
Palma Ceia Baptist Church
Tampa, Florida

**DR. LEONARD ELSTAD**
President, Gallaudet College
Washington, D. C.

**REV. CHARLES A. FANSHAW**
Missionary to the Deaf
Georgia Baptist Convention
Cave Spring, Georgia

**DR. TIBOR FARKAS**
Supervising Psychiatrist
Rockland State Hospital
Orangeburg, New York

**JAY FARMAN**, Superintendent
New York State School for the Deaf
Rome, New York

**ALEXANDER FLEISCHMAN**
President
National Congress of Jewish Deaf
Greenbelt, Maryland

**Warren A. Flower**
Supervising Principal
Tennessee School for the Deaf
Knoxville, Tennessee

**Rev. Francis L. Fraize**
Minister to the Deaf
First Baptist Church
Van Nuys, California

**Dr. Roger M. Frey**
Department of Special Education
University of Tennessee
Knoxville, Tennessee

**Rev. Willim Goble**
Director of Special Ministries
Kentucky Baptist Convention
Middletown, Kentucky

**Dr. W. Lloyd Graunke,**
Superintendent
Tennessee School for the Deaf
Knoxville, Tennessee

**Mrs. Rosalind R. Greenmun**
Teacher, Home Economics
Florida School for the Deaf
St. Augustine, Florida

**Rev. Leslie H. Gunn**
Missionary to Deaf
Home Mission Board
Southern Baptist Convention
Jones City, Colorado

**Julius E. Hammett,** Asst. Director
Vocational Rehabilitation Department
Columbia, South Carolina

**Rev. David M. Harrison,** Missionary
North American Baptist Missionary Society
Ponoka, Alberta, Canada

**Dr. Forrest H. Hawkins**
Supervisor of Clinical Pastoral Training
Central Louisiana State Hospital
Alexandria, Louisiana

**Gordon B. Haygood,**
Asst. Regional Representative
Vocational Rehabilitation Administration
Atlanta, Georgia

**Dr. L. D. Hedgecock,**
Consulting Audiologist
Mayo Clinic
Rochester, Minnesota

**Jack Hensley,** Teacher
Texas School for the Deaf
Austin, Texas

**Ronald Henson**
Preacher to Deaf
Skinner Macaroni Company
Chattanooga, Tennessee

**John Herrington,** Counselor
Arkansas Rehabilitation Service
Little Rock, Arkansas

**Rev. W. J. Hodge,** Pastor
Fifth Street Baptist Church
Louisville, Kentucky

**Rev. H. W. Hoemann**
Lutheran Campus Pastor
Gallaudet College
Washington, D. C.

**Charles W. Horton, Jr.**
State Counselor for
Vocational Rehabilitation
Texas Education Agency
Austin, Texas

**Rev. Merle R. Hull,** Editor
Regular Baptist Press
Des Plaines, Illinois

**Mrs. James Hunker**
Interpreter to Deaf
First Baptist Church
Amarillo, Texas

**Rev. R. E. James**
Minister
Knoxville, Tennessse

**Maxine Jeffries**
Interpreter to Deaf
First Baptist Church
Hammond, Indiana

**Karen M. Jensen**
Teacher of the Deaf
DeKalb, Illinois

**Rev. Joe D. Johnson**
Minister to the Deaf
First Baptist Church
Little Rock, Arkansas

**Mrs. S. Douglas Johnson**
Interpreter and Volunteer Counselor
Internal Revenue Service
Austin, Texas

**Dr. Ray L. Jones**, *Director*
Leadership Training Program in the Area of the Deaf
San Fernando Valley State College
Northridge, California

**Uriel C. Jones**, Vocational Principal
Tennessee School for the Deaf
Knoxville, Tennessee

**Rev. George B. Joslin**
Missionary
Baptist General Convention of Texas
Garland, Texas

**Alfred F. Kempton**
Deacon, Third Baptist Church
Certified Public Accountant
St. Louis, Missouri

**Rev. Robert J. Landes**
Pastor to the Deaf
Fourth Avenue Baptist Church
Louisville, Kentucky

**Kenneth R. Lane**, Vice Principal
School for the Deaf
Frederick, Maryland

**Mrs. Fannie H. Lang**
Public Relations, Pennsylvania Society for Advancement of Deaf
Ambler, Pennsylvania

**Rev. Edgar D. Lawrence**
Instructor, Central Bible Institute
Springfield, Missouri

**Dr. Edgar L. Lowell**, Administrator
John Tracy Clinic
Los Angeles, California

**Robert T. Marsden**
Vocational Principal
Arkansas School for the Deaf
Little Rock, Arkansas

**Travis McCharen**, Director
Vocational Rehabilitation Department
Jackson, Mississippi

**James McClary**
Supervisor, Rehabilitation Services
South Carolina Vocational Rehabilitation Department
Columbia, South Carolina

**Dr. William J. McClure**,
Superintendent
Indiana School for the Deaf
Indianapolis, Indiana

**Rev. Joseph McClusky**
Church Street Methodist Church
Knoxville, Tennessee

**Mrs. M. E. McGlamery**
Interpreter
Twenty-second Street Baptist Church
Tucson, Arizona

**Rev. Sterling McGuire**
Catholic Student Center
University of Tennessee
Knoxville, Tennessee

**S. W. McLelland**
Associate Regional Representative
Region IV
Vocational Rehabilitation Administration
Atlanta, Georgia

**Dr. E. C. Merrill**, Dean
College of Education
University of Tennessee
Knoxville, Tennessee

**John B. Parsons**, Supervisor
Vocational Rehabilitation Service
Montgomery, Alabama

**Rev. John G. Peterson**
University Baptist Chaplain
Baptist Student Foundation
Northern Illinois University
DeKalb, Illinois

**Dick Petkovich**
Assistant Foreman
Great Lakes Insulation Company
Cleveland, Ohio

**Donald Pettingill**, Director
Counselling Services for the Deaf
Callier Hearing and Speech Center
Dallas, Texas

**Rev. Neal L. Peyton**
Associate Missionary to the Deaf
North Carolina Baptist State Convention
Wake Forest, North Carolina

**Herbert L. Pickell, Jr.**
Executive Secretary
Wichita Social Services for the Deaf
Wichita, Kansas

**A. T. Pimentel**, Psychologist
Tennessee School for the Deaf
Knoxville, Tennessee

**E. Myron Pinkston**
Director, L. D. S. Church
Los Angeles, California

**Rev. Jerry F. Potter**
Missionary to the Deaf
North Carolina Baptist State Convention
Raleigh, North Carolina

**Rev. Glen C. Prock**
Area Missionary to the Deaf
Home Mission Board
Southern Baptist Convention
Washington, D. C.

**Mrs. Helen Raiford**
Interpreter
First Baptist Church
Columbus, Georgia

**Rev. Charles H. Rankin**
Language Missionary
Southern Baptist Home Mission Board
Topeka, Kansas

**O. E. Reece**, Coordinator
Division of Vocational Rehabilitation
Nashville, Tennesee

**Dr. L. Deno Reed**, Consultant
Speech Pathology and Audiology
Vocational Rehabilitation Administration
Department of Health, Education, and Welfare
Washington, D. C.

**Mrs. Marian Reyburn**
Director of the Deaf
Kansas Baptist Association
Kansas City, Missouri

**Rev. David Richardson**
Missionary to the Deaf
Baptist State Executive Board
Montgomery, Alabama

**Lottie L. Riekehof**, Dean of Women
Central Bible Institute
Springfield, Missouri

**Louis Schubert**,
Regional Representative
Vocational Rehabilitation Administration
Atlanta, Georgia

**Mrs. Esther Seanor**
Interpreter and Volunteer Worker
First Southern Baptist Church
Colorado Springs, Colorado

**Carey C. Shaw**
Houston, Texas

**Frank D. Sheppard**
Director of Rehabilitation Services
Division of Vocational Rehabilitation
Nashville, Tennessee

**Rev. James H. Sloan**
Minister to Deaf and Hard of Hearing
Wealthy Street Baptist Church
Grand Rapids, Michigan

**Rev. Paul A. Soules, Sr.**
Pastor, The Silent Mission
Shiloh Baptist Church
Washington, D. C.

**Mrs. Margaret I. Stark**
Interpreter
First Southern Baptist Church
Redding, California

**Carlton B. Strail**
Supervisor of Operations
Chappell and Sons Dept. Store
Empire State Association of the Deaf
Syracuse, New York

**Maxine Strobridge**
National Representative of Deaf and Blind Ministries, Assemblies of God
General Council of the Assemblies of God
Springfield, Missouri

**Rev. George W. Thomas**
Missionary to the Deaf
Home Mission Board,
Southern Baptist Convention, and
Southern Baptist General Convention of California
San Lorenzo, California

**John Troutt**
Minister to Deaf
Temple Baptist Church
Portsmouth, Ohio

**Mrs. Alma Ullrich**
Bible Teacher
Chicago, Illinois

**Dr. J. Wayne Waller**
Associate Superintendent
Department for the Deaf
First Baptist Church
Knoxville, Tennessee

**Wilson C. Waters**
Regional Supervisor
Division of Vocational Rehabilitation
Knoxville, Tennessee

**Marie Welsh**
Secretary, Friends of Deaf
Des Moines, Iowa

**J. H. Whitworth**, Coordinator
Evaluation Center for the Deaf
Georgia Department of Education
Cave Spring, Georgia

**Rev. H. Boyer Wild**, Pastor
Wellesley Baptist Church
Wellesley, Massachusetts

**Mrs. Faye Wilkie**
Interpreter
San Fernando State College Leadership Training Program, Area of Deaf
Northridge, California

**Rev. J. Calvin Willard**
Missionary
Home Mission Board
Southern Baptist Convention
Austin, Texas

**Dr. Boyce R. Williams**, Consultant
Deaf and the Hard of Hearing
Vocational Rehabilitation Administration
Department of Health, Education and Welfare
Washington, D. C.

**O. F. Wise**, Director
Rehabilitation and Crippled Children Services
Alabama State Department of Education
Montgomery, Alabama

**William E. Woodrick**
Counsellor for the Deaf
Division of Vocational Rehabilitation
Jackson, Mississippi

**Arthur H. Yates**, Coordinator
Special Education and Vocational Rehabilitation
State of Illinois
Springfield, Illinois

**Delmas N. Young**
University of Kansas Medical Center
Kansas City, Kansas

## OBSERVERS

**Louis A. Beard**
Houston, Texas

**Mrs. Charles Fanshaw**
Cave Spring, Georgia

**Mrs. Donald Pettingill**
Dallas, Texas

**Mrs. Carey C. Shaw**
Houston, Texas

**Mrs. Celia M. Soules**
Hyattsville, Maryland

**Elvin Stoltzfus**
University of Tennessee
Knoxville, Tennessee

**Mrs. J. H. Whitworth**
Cave Spring, Georgia

## PROGRAM

**Monday, August 16 — Hotel Andrew Johnson**

3:00 - 8:00 P.M. Registration of Conference Participants, Assembly Lounge

7:00 - 8:00 P.M. — Orientation for Group Leaders, Recorders, Consultants, Interpreters

8:00 P.M. Assembly Lounge — Informal Coffee Hour

**Tuesday, August 17 — First Baptist Church**

9:00 - 12:00 Noon — **General Session—Assembly Room**

Opening Remarks, E. C. Merrill,
Dean, College of Education
University of Tennessee

HISTORY AND PHILOSOPHY OF VOCATIONAL REHABILITATION

S. W. McLelland, Assoc. Regional
Representative, Vocational
Rehabilitation Administration,
Reg. IV, Atlanta, Ga.

**Break**

THE VOCATIONAL REHABILITATION PROCESS

O. E. Reece, Coordinator,
Vocational Rehabilitation,
State of Tennessee

REHABILITATION OF THE DEAF

Boyce R. Williams, Consultant,
the Deaf and the Hard of Hearing,
Vocational Rehabilitation
Administration, Washington, D.C.

12:30 - 2:00 P.M. — **Luncheon**

Roger M. Frey, Presiding
Fellowship Room

HIGHER EDUCATION

Edgar L. Lowell, Administrator
John Tracy Clinic,
Los Angeles, California

2:15 - 2:30 P.M. — **General Session—Assembly Room**

EXPECTATIONS

Loyd Corder, Secretary,
Language Mission,
Home Mission Board,
Southern Baptist Convention

2:30 - 5:00 P.M. — **Group Discussions**

"Identification of
V.R. Needs and Resources"

Group I
Group II
Group III
Group IV
Group V
Group VI
Group VII

3:45 P.M. — **Break**

## Wednesday, August 18 — First Baptist Church

9:00 - 10:45 A.M. — **General Session—Assembly Room**

Reports of Previous Day's
Group Meetings

WHAT IS DEAFNESS?

Leroy D. Hedgecock,
Consulting Audiologist,
Mayo Clinic, Rochester, Minn.

**Break**

10:45 - 12 Noon — **Discussion Groups**

12:00 - 1:30 P.M. — **Luncheon**

W. S. Verplanck, Presiding
Fellowship Hall

MENTAL HEALTH

Tibor Farkas,
Supervising Psychiatrist
Rockland State Hospital
Orangeburg, N. Y.

2:00 - 3:15 P.M. — THE BAPTIST WORKER AS A MEMBER OF A VOCATIONAL REHABILITATION TEAM

Team: James H. Whitworth
Carter E. Bearden
William E. Davis
Charles A. Fanshaw
Charles Horton

**Break**

3:15 - 5:00 P.M. — **Discussion Groups**

**Thursday, August 19 — First Baptist Church**

9:00 - 9:30 A.M. — **General Session—Assembly Room**
**Group Reports**

9:30 - 12:00 Noon — **Group Discussion—"Programs for Action"**

12:00 - 1:30 P.M. — **Luncheon**

Boyce R. Williams, Presiding
Fellowship Hall

ADULT EDUCATION

Ray L. Jones, Project Director,
Leadership Training Program in the Area of the Deaf,
San Fernando Valley State College
Northridge, California

2:00 - 5:00 P.M. — **General Session—Assembly Room**

Reports

WHAT NOW?

Claude M. Andrews, Director,
Vocational Rehabilitation
State of Florida, Tallahassee
and
Loyd Corder,
Workshop Executive Committee
Home Mission Board,
Southern Baptist Convention

### Executive Committee

Carter E. Bearden
Loyd Corder
Donald R. Donica
W. Lloyd Graunke
Louis R. Schubert
James H. Whitworth
Boyce R. Williams

### Consultants

Leonard M. Elstad
Forrest H. Hawkins
Irene Klingberg
Paul A. Soules
L. Deno Reed

### Local Arrangements

Roger M. Frey
W. Lloyd Graunke
Uriel C. Jones
Glenn T. Lloyd
E. C. Merrill
Delmas N. Young

### Interpreters

Elizabeth Benson
Susan Christian
H. W. Hoemann
Fannie H. Lang
William J. McClure
Lottie L. Riekehof
Faye M. Wilkie

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